

**Medical History**  
**Dawn E. Edelman, MS, LAc**

This information is essential for the diagnostic procedure and helps me to provide you with better treatments. Please fill out as accurately as you can. Thank you.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*May we leave messages at either of these numbers? YES/NO Please circle the best number to contact you at.

Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

\*May we leave emails at your email address? YES/NO

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Describe your main complaint: \_\_\_\_\_

\_\_\_\_\_

Do you have any medical diagnoses? \_\_\_\_\_

\_\_\_\_\_

Were there any problems during your birth? \_\_\_\_\_

\_\_\_\_\_

Have you injured your tailbone? No/Yes (Please describe):

\_\_\_\_\_

Have you sustained a concussion? NO/YES (Please describe):

\_\_\_\_\_

Have you had any reactions to vaccines? \_\_\_\_\_

Have you had any unusual vaccines? \_\_\_\_\_

Please list location of any operation or injury scars, including minor ones:

\_\_\_\_\_

\_\_\_\_\_

## Medical History

This information is essential for the diagnostic procedure and helps me to provide you better treatments. Please fill out as accurately as you can. Thank you.

From ages of **0-12** did you have any surgeries, accidents, or major illnesses? Please describe:

Age\_\_\_\_: \_\_\_\_\_

Age\_\_\_\_: \_\_\_\_\_

Age\_\_\_\_: \_\_\_\_\_

From ages of **12-18** did you have any surgeries, accidents, or major illnesses? Please describe:

Age\_\_\_\_: \_\_\_\_\_

Age\_\_\_\_: \_\_\_\_\_

Age\_\_\_\_: \_\_\_\_\_

From ages **19-current** have you had any surgeries, accidents, or major illnesses? Please describe:

Age\_\_\_\_: \_\_\_\_\_

Age\_\_\_\_: \_\_\_\_\_

Age\_\_\_\_: \_\_\_\_\_

Please list all major illnesses in your **immediate family** such as heart disease, diabetes, neurological disorders, psychological disorders/addictions, arthritis, etc.

\_\_\_\_\_

\_\_\_\_\_

Please list any medications, herbs, and/or vitamins/minerals. List even the things you only take occasionally:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Symptoms List

\*Please *CIRCLE* any issues you have *now*, and *UNDERLINE* any issues you have had in the past.

**Skin:** eczema, acne, skin rashes, dermatitis, furnacles, fungal infections, warts, psoriasis, Other skin issues:

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**Heart/Vascular:** fast pulse, slow pulse, palpitation, irregular pulse, feeling of pressure in chest or short of breath, chest pain, dizziness, migraine, headache with nausea, cold hands/feet, Raynaud's disease, flushed face, anemia, high blood pressure, low blood pressure, cold sweats, red face, dizziness or fainting upon standing quickly or standing for long, Other vascular issues:

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**Gastrointestinal:** constipation, diarrhea, alternating constipation and diarrhea, no appetite, stomach pain, indigestion, heartburn, intestinal gas, beaching, ulcer, gastritis, lack of stomach acid, hemorrhoids, ileocecal valve spasm, peritonitis, pancreatitis, irritable bowel, polyps, GI tumors, Other gastrointestinal issues:

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**Respiratory:** asthma, bronchitis, emphysema, cough, wheeze, pneumonia, lung abscess, Other Respiratory issues: \_\_\_\_\_

**Hormonal Imbalance:** low thyroid, overactive thyroid, diabetes, hypoglycemia, blood sugar issues, Other hormonal issues: \_\_\_\_\_

**Male:** impotence, premature ejaculations, prostate gland problem, vasectomy, infertility, Other: \_\_\_\_\_

**Female:** menstrual problems, cramping, heavy/light/irregular periods, PMS, emotional reactions, menopausal symptoms, tubal ligation, infertility, low libido, hot flashes, Other: \_\_\_\_\_

**Autoimmune and inflammatory conditions:** Hashimotos disease, rheumatism, Lupus, colitis, Crohn's disease, alopecia, allergy, food allergy, atopic dermatitis, cellulitis, sinus allergy, vulvitis, low immunity, rheumatic disease, rheumatic fever, arthritis, skin disease, myofascial pain syndrome, fibromyalgia, tendinitis, pericarditis, constant low fever, glomerulonephritis, plantar fasciitis, scarlet fever, Rocky Mountain Spotted Fever, Lyme's Disease, streptococci infections, staphylococci infections, easily catch cold or sore throat, swollen glands, ear infections. Other immunity or inflammation issues:

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**Ear, Nose, Throat:** deafness, tinnitus (ringing of ears), itchy ear, ear pain, frequent ear infections, sinus headaches, yellow mucus, stuffy nose, post nasal drip, dry throat, itchy throat, constant sinus congestion, streptococci infections, sore throat. Other ENT issues:

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**Oral disease:** bleeding gums, periodontitis, dental abscess, mumps, TMJ, toothaches without cavities, stomatitis (inflammation of mouth), Other oral issues:

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**General:** insomnia, psychosomatic weakness, exhaustion, emotional problems (angry, irritable, depressed, anxious), difficulty concentrating on a task, easily get motion sickness, no appetite for breakfast, moody in the mornings, unusual sweating (palms, feet, or elsewhere)

**Before Noon:** no energy, feel spacey, scattered mind, energetic all evening through midnight but hate to wake in the morning, long shower or bath makes you feel dizzy or faint.

**Drugs:** alcohol, cigarettes, cocaine, marijuana, methamphetamine, other: \_\_\_\_\_

**Is there anything we have not covered?** \_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to fill this out.**