

HEALTH HISTORY QUESTIONNAIRE

HARRY D. FRIEDMAN DO, FAAO

Name _____ Sex _____ Birthdate _____

Address _____ City _____ State _____

Zip/Country Code _____ Country _____ Ethnicity _____

Phone (day) _____ (eve) _____ email _____

Primary Complaints (in order of severity, include location, quality, character, occurrence, causes, origins)

Other Symptoms (general disturbances not mentioned above energy, sleep, mood, digestion, mobility)

Past Medical/Surgical History (include any antibiotic use and the reason or other medications and the reason)

Trauma History (falls/injuries to head or tail, fractures, accidents, sprains, shock, electrocution, stitches)

Activity Intolerances/Limitations

Current Health Program (treatment modalities, remedies, supplements, diet, exercises, stress reduction)

Psychosocial Stress (what life situations, past or present, are effecting you now?)

Physical Stress and Ergonomic Challenges In Your Life

Food Diary (write down everything you eat in a 24 hour period)
