



Body eZentials

ancient wisdom for modern wellness

Medical History

confidential

Name (Last, First, Middle)		Date:	
Major Complaint/Health Problem: _____ _____ _____			
How Did This Condition Develop: _____ _____ _____			
How Long Has This Condition Persisted:			
What Makes It Better/Worse:			
Have You Ever Received Treatment For This Condition: (Circle One)		If Yes, Please Give Date(s) of Treatment:	
Y N			
Where:		By Whom:	
What Was the Diagnosis:		What Kind(s) of Treatment:	
What Were the Results of the Treatment:			
List Any Major Surgeries You've Had:			
Date:	Surgery:		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
Please List Any Substances You Are Allergic To: _____ _____			
List Medications/Supplements You Are Currently Taking:	How Much:	How Often:	For How Long:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Significant Trauma (Auto Accidents, Falls, Etc.): _____ _____			

Audra Whatley, L.Ac. Lic# TXac00745