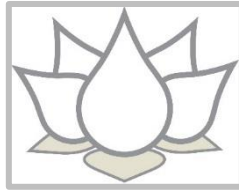


# The Lotus Protocols

## Health History Questionnaire



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Filling this form out completely in advance, will save valuable time during your visit. We will still review all your answers together though, to make sure I have an accurate understanding. This information will remain confidential and is used strictly to help me determine how I may best serve you.

**GENERAL HEALTH:** Help me understand what you have dealt with throughout your life, including childhood illnesses.

<p><b>Symptoms</b> (ie. Pain, fatigue, weight issues, insomnia, brain fog, etc.)</p>	
<p><b>Diagnoses</b> (ie. High blood pressure, cancer, Rheumatoid arthritis, Lyme, etc.)</p>	
<p><b>Surgeries</b> (tonsillectomy, gall bladder removal, joint replacements, C-sections, etc.)</p>	
<p><b>Injuries</b> (ie. Broken bones, concussions, whiplash, etc.)</p>	
<p><b>Infections</b> (ie. Strep throat, sinus infections, pneumonia, UTI, mono, mumps, etc.)</p>	
<p><b>Dental Health</b> (ie. Silver fillings, root canals, etc.)</p>	
<p><b>Mental/Emotional</b> (ie. Seasonal Affective Disorder, anxiety, depression, etc.)</p>	
<p><b>Abuse/Trauma</b> (ie. Physical, mental/emotional or sexual abuse? Have you experienced any traumatic events?)</p>	

**PERCEIVED STRESS INDEX:** Please rate the following: 1 (minimal stress) to 10 (extreme stress)

Aspect of Life	Stress Level	Notes
Home life / family relationships		
Work or School Environment / tasks / relationships		
Social Life / Friendships		

**FAMILY HEALTH HISTORY:** Please note any physical and mental/emotional issues you are aware of for family members.

Mother / Maternal Side	
Father / Paternal Side	
Siblings	
Children	

**LIFESTYLE CONSIDERATIONS:** Please tell me about these areas of your life.

<b>Social Support</b> (family, friends, co-workers)	
<b>Typical Diet</b> (including beverages, dining out, etc.)	
<b>Exercise</b> (frequency, type)	
<b>Work / Leisure</b> (what do you do? Source of joy, stress, or both?)	
<b>Drugs / Alcohol / Nicotine</b> (frequency, if used)	

**PRIMARY HEALTH CONCERNS / WELLNESS GOALS:** What would you like to accomplish?

Primary Concerns / Goals	Notes