

# PATIENT INTAKE – HEALTH HISTORY TIMELINE

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

Please write a brief outline of your life and health history, beginning with your mother’s pregnancy, birth or early childhood, list major illnesses, injuries, hospitalizations, diagnosis, tests run, emotional and physical traumas, significant turning points or major events in your life. For women, please include events related to your reproductive system: first period, menopause, pregnancies, birth control, etc. Mention any symptoms, which you can relate to these events. *(Keep it brief and simple, just the year and the event will do and we will go into more detail as needed.)*

## Preconception Health

(mother’s health)

Birth

List Current Concerns