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*.)

Please feel free to use this Word document, or, simply create an email and detail your health history in the email. I need this saved as a Word document, or as an email and not in PDF. This allows me to copy and paste your health history timeline directly into your patient file.

**Preconception Health (mother’s health)**

**Birth**

**Current Concerns**

Enter your preconception/mother’s health here…

Enter your health history starting from birth here…

…

…

…

Enter your current concerns here…