Donna Kachinskas, PhD, ND

18047 NE 68th ST
Redmond, WA 98052
P: 425.8217.7788 F: 425.883.1700

HEALTH HISTORY
Confidential Information

Name:_____ Birthdate: _____ Date:_____/_____/_____

GENERAL

Place of birth	Education
Relationship status	Occupation
Hobbies	Previous occupations
Exercise/recreation	Height
Weight Weight 1 year ago Maximum Weight	
Date of last Physical Exam	Date of last Eye exam
Date of last colonoscopy	Date of last Prostate exam
Date of last full bloodwork	Date of last Bone Density testing
Date of last Mammogram	Date of last Dental Exam
Describe all serious accidents, severe injuries, head injury, fractures or broken abones (include date occurred): None	List all serious illnesses, operations, and other operations, and other hospitalizations you have experienced and indicate year these occurred: None

CHIEF COMPLAINTS: **Please list (in order of importance) the present health concerns, symptoms, or problems you are experiencing:**

_____

_____

Current Physicians:

Name:_____ **Specialty:**_____ **Phone**_____
Name:_____ **Specialty:**_____ **Phone**_____
Name:_____ **Specialty:**_____ **Phone**_____

MEDICATION: (Include everything you have taken or are taking: pills, tablets, liquids, ointments, suppositories, etc)

Antacids	Antibiotic/Antifungal	Antidepressants	Antidiabetic/Insulin
Aspirin/Tylenol	Chemotherapy	Cortisone	Anti-Inflammatories
Heart Medications	High Blood Pressure	Hormones	Laxatives
Lithium	Oral Contraceptives	Radiation	Recreational Drugs
Relaxants/Sleeping Pills	Thyroid	Ulcer Medication	Other

VITAMINS, MINERALS, HERBS, DOSES:

ALLERGIES:

CIRCLE IF YOU:

Diet often	Are under excessive stress	Are exposed to chemicals at work	Do not sleep well
Have an Eating Disorder	Use Recreational Drugs	Spiritual Practice, please indicate →	

DO YOU DRINK OR CONSUME:

Alcohol	Candy	Carbonated beverages	Cheese
Cigarettes	Coffee	Meals at fast food restaurants	Fried foods
Luncheon meats	Margarine	Meat eater	Milk or Ice Cream
Refined sugar	Saccharine or Aspartame	Chew tobacco	Butter

Donna Kachinskas, PhD, ND

18047 NE 68th ST
Redmond, WA 98052
P: 425.8217.7788 F: 425.883.1700

DIET: *please list typical foods consumed on a regular basis*

Breakfast:_____
Lunch: _____
Dinner: _____
Snacks: _____
Fluids: _____
Alcohol: _____

PAST MEDICAL HISTORY

Measles	no	yes	Hives or Eczema	no	yes	chest x-ray	no	yes
Mumps	no	yes	Tuberculosis	no	yes	Infectious Mono	no	yes
Chickenpox	no	yes	Diabetes	no	yes	Rheumatic Fever	no	yes
Whooping Cough	no	yes	Cancer	no	yes	Mitral Valve Prolapse	no	yes
Scarlet Fever	no	yes	Polio	no	yes	Stroke	no	yes
Diptheria	no	yes	Glaucoma	no	yes	Hepatitis	no	yes
Smallpox	no	yes	Hernia	no	yes	Thyroid Disease	no	yes
Blood Transfusions	no	yes	Kidney Disease	no	yes	AIDs or HIV+	no	yes
Heart Disease	no	yes	Bleeding tendency	no	yes	Anemia	no	yes
Venereal Disease (STD's)	no	yes	Any other disease (please list)_____					

FAMILY HISTORY:

	Who		Who
Alcohol or Drug Problem		HIV	
Allergies		Kidney Disease	
Anemia		Leukemia	
Ankylosing Spondilitis		Mental Illness	
Asthma		Migraine Headaches	
Autoimmune disorders		Multiple Sclerosis	
Cancer		Muscular Dystrophy	
Chronic Lung Disease		Obesity	
Diabetes		Osteoporosis	
Eczema		Psoriasis	
Epilepsy		Parkinson's disease	
Glaucoma		Rheumatoid Arthritis	
Gout		Stroke	
Heart Disease		Thyroid Disease	
Hepatitis		Tuberculosis	
High Blood Pressure		Ulcers	
High Cholesterol		Other	

	Present age /or Age of death	If living, health (good, fair, poor)	If deceased, cause of death

Father:_____
Mother: _____
Siblings: _____
_____
Spouse: _____
Children: _____

Please list any other information you think is important: