

Pertinent Neural Therapy History

Patient's Name

Age

Date

A. Please complete the following with the approximate age of occurrence:

SURGERY

AGE

SERIOUS INFECTIONS/DISEASES
(pneumonia, mono, T.B., cancer, heart attack, chronic bronchitis, colitis, mumps, measles, chicken pox, etc.)

AGE

DENTAL INTERVENTION
(Root canals & extractions — please try to name & number tooth — refer to dental chart on back. Also, age of first silver amalgam filling, braces, retainer, etc.)

AGE

TOXIC PROFESSION PAST OR PRESENT
(Artist, graphic designer, dentist, dental assistant, gas station worker, painter, industry, computer cleaning, etc.)

AGE

Typical childhood vaccinations? yes no

AGE

LONG PERIODS ON PRESCRIPTION OR STREET DRUGS, OR ALCOHOL, OR CIGARETTES

AGE

INJURIES/ACCIDENTS WITHOUT STITCHES

AGE

INJURIES/ACCIDENTS WITH STITCHES

AGE

PREGNANCIES/BIRTHS/ABORTIONS/IUD's, B.C. pills, etc.

AGE

MAJOR PSYCHOLOGICAL TRAUMA

AGE

LONG VISITS OR LIVED IN A FOREIGN COUNTRY LIKE INDIA, MEXICO, AFRICA, ETC.

AGE

MEDICATIONS/ALLERGIES (PAST OR PRESENT)

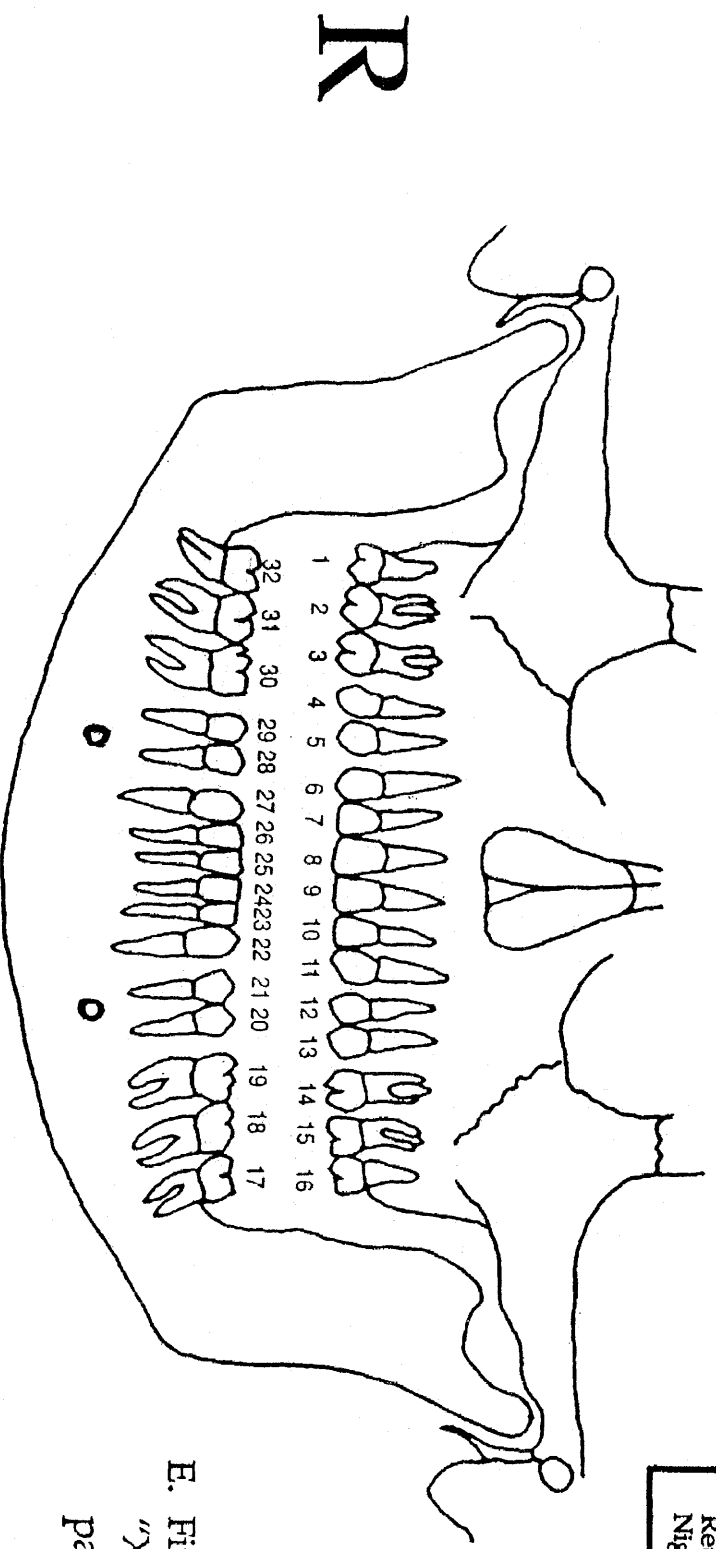
AGE

Treated for parasites, infection? yes no

AGE

C. Please use the numbered teeth below to indicate on the other side which teeth have had dental intervention. ALSO, please use the **KEY** to mark appropriately on the dental chart, and answer upper/lower, if appropriate.

Dental Chart



KEY	
Pulled teeth	X
Cavities filled	•
Crowns	■
Bridge	—
Root canals	o
Dentures?	<u>upper</u> <u>lower</u>
Braces?	<u>upper</u> <u>lower</u>
Retainer or Night Guard?	<u>upper</u> <u>lower</u>

R

L

D. Write your chief complaint(s) below and indicate the approximate age of onset.

HEALTH COMPLAINT AGE HEALTH COMPLAINT AGE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

E. Finally, mark with an "X" where you have pain or dysfunction.

