

Name: _____ Date: _____

1. Were you born prematurely? Born by C-section? Breast Fed?

2. Please write a bit about childhood illnesses

3. Please list all major illnesses, hospitalizations, sicknesses that took a long time to recover from

4. Things with my health have never been the same since.....

5. Injuries you have sustained, especially head injuries

6. Scars, both external and internal (non-visible like tonsillectomy and laparoscopic)

7. Any long term steroid or antibiotic use in your past (such as for acne)

8. Family history of major illnesses such as cancer, thyroid, auto-immune, depression and diabetes