



Labrys Healthcare Circle
6536 Telegraph Avenue, Suite A102, Oakland, CA 94609 • (510) 658-9066

Confidential Health History Form

Name.....Date.....Email.....

Street Address

City, State, Zip

Phone

Other phone

Referred by

Date of Birth

Occupation

Height

Weight

Body frame (S,M,L)

Number of children

Ancestry (List all)

Exercise, recreation

Relaxation/stress reduction

Rate energy level (1=low, 10=high)

Endurance

Mental Clarity

Memory

Health concerns, short term

Health concerns, long term

Dental history

Family Health History

Health History

Other health practitioners currently seeing: (Please include professional designation and phone number)



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Current prescription medications

Current food supplements

Stressors

Trauma/Accidents

List all surgeries

Abnormal lab tests in the last 2 years

Allergies to foods, airbornes, contactants

Toxins encountered at work or home

Addictions/Cravings

Periods of Malnutrition/dieting

Smoker now? How long?

If in past, for how long?

Average amount of sleep per night

Amount of water consumed per day

Signature.....Date