CUSTOMIZED PATIENT PROFILE (CPP)

PATIENT FIRST NAME LAST NAME | DATE OF BIRTH | PRACTITIONER'S NAME

E-MAIL ADDRESS | GENDER | FILE NUMBER-

HEALTH HISTORY PROFILE

Mark the following if applicable: P=personal history☐ F=family history☐ B=both personal & family

__ Acne
__ ADHD
__ Alcoholism
__ Allergic Rhinitis
__ Alopecia
__ Alzheimer's Disease
__ Amenorrhea
__ Amyloidosis
__ Anaphylaxis
__ Anemia
__ Angina
__ Angiodema
__ Anorexia Nervosa
__ Anxiety
__ Appendicitis
__ Asthma
__ Atherosclerosis
__ Benign Prostatic Hyperplasia
__ Bile Insufficiency
__ Bronchitis
__ Bulimia Nervosa
__ Burns
__ Bursitis
__ Cancer, Bone
__ Cancer, Brain
__ Cancer, Breast
__ Cancer, Colon
__ Cancer, Lung
__ Cancer, Prostrate
__ Cancer, Skin
__ Candidiasis
__ Carpal Tunnel Syndrome
__ Cataracts
__ Cellulitis
__ Cervical Dysplasia
__ Chronic Fatigue Syndrome
__ Chronic Obstructive Pulmonary Disease
__ Cirrhosis of the Liver
__ Common Cold
__ Congestive Heart Failure
__ Conjunctivitis
__ Constipation
__ Cough
__ Crohn's Disease
__ Cutaneous Drug Reactions
__ Cystic Fibrosis
__ Degenerative Disk Disease
__ Dementia
__ Depression
__ Dermatitis
__ Diabetes Mellitus
__ Diarrhea
__ Diverticular Disease
__ Dysbiosis
__ Dysmenorrhea
__ Dysphagia
__ Eczema
__ Edema
__ Encephalitis,Viral
__ Endocarditis
__ Endometriosis
__ Fainting
__ Fever of Unknown Origin
__ Fibromyalgia
__ Flu
__ Food Allergy
__ Food Poisoning
__ Frequent Cold and Flu
__ Frostbite
__ Gallbladder Disease
__ Gastritis
__ Gastroesophageal Reflux Disease
__ Glaucoma
__ Gout
__ Hair Disorders
__ Headache, Migraine
__ Headache, Sinus
__ Headache, Tension
__ Heat Exhaustion
__ Hemophilia
__ Hemorrhoids
__ Hepatitis, Viral
__ Herpes Simplex Virus
__ Herpes Zoster (Varicella-Zoster) Virus
__ Hirsutism
__ Histoplasmosis
__ HIV and AIDS
__ Hyperchlorhydria
__ Hypercholesterolemia
__ Hyperkalemia
__ Hyperparathyroidism
__ Hypertension
__ Hyperthyroidism
__ Hypochlorhydria
__ Hypochondriasis
__ Hypoglycemia
__ Hypoparathyroidism
__ Hypothermia
__ Hypothyroidism
__ Infantile Colic
__ Insects Bites and Stings
__ Insomnia
__ Intestinal Parasites
__ Irritable Bowel Syndrome
__ Laryngitis
__ Leaky Gut Syndrome
__ Leukemia
__ Low Back Pain
__ Lyme Disease
__ Lymphoma
__ Macular Degeneration
__ Measles
__ Meningitis
__ Menopause
__ Metabolic Syndrome
__ Miscarriage
__ Mononucleosis
__ Motion Sickness
__ Multiple Sclerosis
__ Mumps
__ Muscular Dystrophy
__ Myeloproliferative Disorders
__ Myocardial Infarction
__ Nail Disorders
__ Neuralgias
__ Neuritis
__ Obesity
__ Osteoarthritis
__ Osteomyelitis
__ Osteopenia
__ Osteoporosis
__ Otitis Media
__ Pancreatic Insufficiency
__ Pancreatitis
__ Parkinson's Disease
__ Pelvic Inflammatory Disease
__ Peptic Ulcer Disease
__ Pericarditis
__ Perimenopause
__ Peritonitis
__ Pertussis
__ Pharyngitis
__ PMS
__ Post Traumatic Stress Disorder
__ Preeclampsia
__ Primary Pulmonary Hypertension
__ Proctitis
__ Prostatitis
__ Psoriasis
__ Pulmonary Edema
__ Pyloric Stenosis
__ Radiation Damage
__ Raynaud's Phenomenon
__ Reiter's Syndrome
__ Rheumatoid Arthritis
__ Roseola
__ Roundworms
__ Rubella
__ Sarcoidosis
__ Scleroderma
__ Seizure Disorders
__ Serum Sickness
__ Sexual Dysfunction
__ Sexually Transmitted Diseases
__ Shock
__ Sinusitis
__ Skin Disorders--Erythema
__ Skin Disorders--Photodermatis
__ Sleep Apnea
__ Sprains and Strains
__ Stress
__ Stroke
__ Systemic Lupus Erythematosus
__ Temporomandibular Joint Dysfunction
__ Tendonitis
__ Thyroiditis
__ Transient Stroke
__ Tuberculosis
__ Ulcerative Colitis
__ Urethritis
__ Urinary Incontinence
__ Urinary Tract Infection in Women
__ Urolithiasis
__ Uveitis
__ Vaginitis
__ Varicose Veins
__ Warts
__ Wounds

DRUG/SUPPLEMENT HISTORY

Please list any and all drugs/medications which you are presently using or have used in the past and why. Reflect carefully as your current healthstate may relate directly to the treatment of a past problem.

Do you supplement your diet with vitamins or minerals? YES/NO
Please list the brand name, content and potencies of all products used and indicate the frequency which they are taken. Also indicate who prescribed these supplements for you and how he/she determined your specific needs and dosages.

STRUCTURAL

Mark the following if applicable: C=currently experiencing P=experienced in past B=Both current and past

Head
__ Myogenic Headaches
__ Vertebrogenic Headaches
__ Migraine Headaches with Aura
__ Migraine Headaches without Aura

Neck
__ Facet Irritation
__Facet Syndrome
__ Osteoarthritis in the Cervical Spine
__ Postural Syndrome (Muscle Strain)
__ Cervical Spine Subluxation
__ Whiplash

Shoulder
__ Adhesive Capsulitis
__ Impingement Syndrome
__ Rotator Cuff Tendonitis

Elbow
__ Lateral Epicondylitis
__ Medial Epicondylitis

Wrist/Hand/Forearm
__ Carpal Tunnel Syndrome

Mid Back
__ Postural Syndrome (Muscle Strain)
__ Scoliosis
__ Thoracic Spine Facet Irritation
__ Thoracic Spine Subluxation

Low Back
__ Iliopsoas Muscle Strain
__ Lumbar Disk Herniation
__ Lumbar Facet Irritation
__ Lumbar Facet Syndrome
__ Lumbar Muscle Strain
__ Lumbar Spine Subluxation
__ Osteoarthritis in the Lumbar Spine

Buttock
__ Gluteus Medius/Minimus Syndrome
__ Ischial Bursitis
__ Piriformis Syndrome
__ Sacroiliac Irritation
__ Sacroiliac Syndrome
__Sciatica

Knee
__ Anterior Cruciate Sprain
__ Iliotibial Band Syndrome
__ Lateral Collateral Sprain
__ Medial Collateral Sprain
__ Medial Meniscus Sprain/Tear
__ Patellar Tendonitis
__ Patellofemoral Pain Syndrome

Ankle
__ Inversion Sprain

Foot
__ Hallux Valgus
__ Metatarsalgia
__ Pes Planus
__ Plantar Fasciitis

SPINAL

***Mark only if you know the specific problematic area**

Cervical Spine
__ C0-C1
__ C1-C2
__ C2-C3
__ C3-C4
__ C4-C5
__ C5-C6
__ C6-C7
__ C7-T1

Thoracic Spine
___ T1-T2
___ T2-T3
___ T3-T4
___ T4-T5
___ T5-T6
___ T6-T7
___ T7-T8
___ T8-T9
___ T9-T10
___ T10-T11
___ T11-T12
___ T12-L1

Lumbar Spine
__ L1-L2
__ L2-L3
__ L3-L4
__ L4-L5
__ L5-S1

WELLNESS INFORMATION

***Check off any areas that interest or concern either you or a loved one.**

Fitness
__ Exercise Reference
__ Fit Life
__ Sports and Activities
__ Sports Injuries
__ Sports Nutrition

Health at Work
__ Stress Management
__ Travel and Commuting
__ Work Environment

Women's Health
__ Fertility and Pregnancy
__ Fitness and Nutrition
__ Illness and Prevention
__ Menopause
__ Mental Health
__ Sexual Health

Men's Health
__ Fitness and Nutrition
__ Illness and Prevention
__ Mental Health
__ Sexual Health

Children's and Teens' Health
__ Babies and Toddlers
__ Illness and Prevention
__ Mental Health
__ School-age Children
__ Teen Health

Seniors' Health
__ Fitness and Nutrition
__ Illness and Prevention
__ Mental Health
__ Sexual Health

Nutrition
__ Healthy Kitchen
__ Herb Reference
__ Illness and Prevention
__ Nutritional Health Encyclopedia
__ Supplement Reference

Mental Health
__ Brain and Memory
__ Conditions and Disorders
__ Psychology and Behavior
__ Therapies

ALLIED THERAPIES

***Check off any areas that interest or concern either you or a loved one.**

__ Acupuncture
__ Aromatherapy
__ Ayurveda
__ Biofeedback
__ Chiropractic
__ Clinical Nutrition
__ Herbal Medicine
__ Homeopathy
__ Hypnotherapy
__ Massage Therapy
__ Mind/Body medicine
__ Naturopathy
__ Relaxation Techniques
__ Reflexology
__ Spirituality
__ Tai Chi
__ Therapeutic Touch
__ Traditional Chinese Medicine
__ Yoga