

PLEASE TELL US ABOUT ANY STRESS UP TO THE PRESENT:  
***check any that apply***

- Stress at birth (premature / forceps) Explain: \_\_\_\_\_
- Allergies / Asthma \_\_\_\_\_
- Digestive problems \_\_\_\_\_
- Auto injury \_\_\_\_\_
- Work injury \_\_\_\_\_
- Sports injury \_\_\_\_\_
- Work stress \_\_\_\_\_
- Family / Home stress \_\_\_\_\_
- Prescription drug use \_\_\_\_\_
- Non-prescription drug use \_\_\_\_\_
- Hospitalizations \_\_\_\_\_
- Surgeries \_\_\_\_\_
- Major illnesses \_\_\_\_\_
- Reoccurring illness \_\_\_\_\_
- Limited exercise \_\_\_\_\_
- Poor nutrition \_\_\_\_\_

Please circle any that apply:

Smoker   Alcohol Use   Car Accident   Former Smoker   Work Injury   Poor Nutrition  
Surgery   Not Enough Sleep   Broken Bones

Anything else: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_