

How to Create a Health History Timeline

Just as individual genetic makeup plays an important role in individual health and disease, so does one's environment and life experiences. A health history timeline is a helpful way for us to understand your past and part of what makes you, *you*. While we do want to know as much as we can about you, please do not feel that you must address every component below, not be limited by them, as they are simply areas to stimulate thought on your part; any difficulties, problems or regular occurrences is mostly what we are looking for. Please use a separate sheet of paper with the headings as listed below, and **send this information in, at least one week prior to your first/next office visit.**

Examples include:

- **Pre-conception and Pre-natal:** Did your parents have any difficulty with conception? Were there any adverse physical, psychological or social circumstances around this time? Were there any difficulties during pregnancy (excessive morning sickness, malnutrition, high blood pressure, high blood sugar)? Was there any cigarette use or exposure, alcohol use, recreational drug use or exposure, work or hobby-related exposures to chemicals, metals, plastics, paint, new house or any other environmental exposures?
- **Birth and delivery:** any difficulties with birth (slow birth, umbilical cord around neck, meconium aspiration, etc)? What type of birth (vaginal or cesarean delivery)? Did you have any diagnoses while still in the hospital or shortly afterwards (jaundice, anemia, hypothyroid, cardiovascular or respiratory problems)?
- **Infancy and toddler:** breastfeeding or formula feeding (with dates of both/either)? Solid food introduction (type, dates, any reactions or strong aversions, etc)? Vaccinations (full, partial, any reactions to any and if so, which one(s)? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **Early childhood:** Any regular, recurring or severe illnesses? Any learning, vision or hearing difficulties discovered at this time? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **Middle childhood:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **Late childhood and Teen years:** Any regular, recurring or severe illnesses? Any hormonal problems associated with puberty (excessive acne, menstrual difficulty or irregularity; late development or early development; rapid or slow growth)? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **20's:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **30's:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?

- **40's:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **50's:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **60's:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **70's:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **80's:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?
- **90's:** Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?

100's: Any regular, recurring or severe illnesses? Any Surgeries? Any significant accidents or injuries? What was your recovery like, both short and long-term? Any regular use of medications or supplements (over the counter or prescription)?