



Jill Maronde NUTRITION

Medical History Questionnaire

Name: _____

Date: _____

Date of Birth: _____

Gender: Male / Female

Address: _____

Preferred Phone: (_____) _____

Email: _____

Indicate the health conditions that you or your relatives currently have or have had (P = past; C = current):

Condition	You	Mother	Father	Sibling(s)	Children	Maternal Grandparents	Paternal Grandparents
Alzheimer's							
Arthritis (osteo/rheumatoid)							
Asthma							
Cancer							
Diabetes (type I/II)							
Heart Disease							
Hypertension							
Obesity							

Osteoporosis							
Stroke							
Thyroid (hypo/hyper)							

Indicate any other illnesses or conditions that you now have or have had (P = past; C = current):

	Abscesses		Carbohydrate Sensitivity		Fibrocystic Breast Disease		Lung Problems
	Acne		Cataracts		Fibroids (uterine)		Lupus
	ADD/ADHD		Bronchitis		Fibromyalgia		Lyme Disease
	Adrenal (hypo/hyper)		Celiac Disease		Flatulence (gas)		Macular Degeneration
	AIDS		Cervical Dysplasia		Fungal Infections		Major/Minor Surgery
	Alcoholism		Cholesterol - high/low		Gall Bladder Issues		Menstrual Irregularities
	Allergies/ Hay Fever		Chronic Fatigue Syndrome		Gastric Ulcer/ Gastritis		Metabolic Syndrome
	Alopecia/Hair Loss		Cirrhosis		Genital-Urinary Infection		Multiple Sclerosis
	Amenorrhea		Cold Feet/Hands		GERD/Indigestion		Nausea - chronic

Anemia		Colitis (ulcerative)		Gingivitis/Bleeding Gums		Nervousness
Anxiety		Constipation		Goiter		Night Blindness
Appetite (excess/ reduced)		Crohn's Disease		Headache/Migraines		Numbness
Arrhythmia		Cystitis (interstitial)		Heavy Metal Toxicity		Parkinson's Disease
Arteriosclerosis		Depression		Hemorrhoids		PMS
Autism		Dermatitis/hives/ rashes		Hepatitis		Pneumonia
Back Problems/ Sciatica		Diarrhea (chronic)		Hernia (hiatal/ inguinal)		Psoriasis
Bacterial Infection		Diverticulosis/itis		Herniated Disc		Seizures
Bad Breath (halitosis)		Drug Addiction		Herpes/Cold Sores		Shingles (herpes zoster)
Bell's Palsy		Dry Skin		Hot Flashes		Stroke
Benign Breast Tumor		Dysmenorrhea		Hypochlorhydria (low HCl)		Tendonitis
Benign Prostatic Hyperplasia		Ear Infections (recurrent)		Hypoglycemia		Tinnitus (ringing in ears)
Bipolar Disorder		Eating Disorder		Impotence		Triglycerides - high

	Bleeding Gums		Eczema		Infection		Ulcer
	Bronchitis/ Persistent Cough		Endometriosis		Inflammation (general)		Varicose Veins
	Bruxism (teeth grinding)		Epstein Barr Virus		Insomnia		Vertigo
	Bursitis		Eye Disease/Vision Issues		Lactose Intolerance		Other:
	Candida Albicans		Fainting/Dizzy Spells		Liver Disease or Problems		
	Canker Sores		Female Infertility		Low Blood Pressure		