



Timeline Guide for New Patient information

PLEASE SEND THIS INFORMATION INTO THE CLINIC AT LEAST 72 HRS PRIOR TO YOUR APPOINTMENT.

Please send the information via email to wwc@wholisticwellness.com

Birth: yours- vaginal/c-section, breast fed/formula fed

Major illnesses as a child? Frequently sick as a child? (Tonsillitis? Ear infections?)

Current diagnoses: when were you diagnosed?

Current job? Past job?

Where do you live? In the country? Are you a farmer? Live near farm land?

Is mold visible in your home?

What is your water source? Do you drink filtered water or have a water filtration system?

Dental work: Do you have silver fillings? If so, how many?

Surgeries? Scars, please provide location and approximate size

Accidents/falls- including car accidents- tell us about it/them.

Broken bones?

Concussions: Including falls, car accidents, any forceful trauma to the head. Have you ever played football/soccer/cheerleading/gymnastics/any contact sport? Tell us about it.

Current medications: how long have you been taking them

Do you burn candles in your home? Do you use other fragrances or plug-ins?

Are you around chemicals? (hair dresser, environmental, live near farms, etc)

Women:

Cycle length (approximate if needed), how many days do you bleed, intensity, symptoms (cramps/backache/flow)

Number of children/ Births(vaginal/c-section): tell us about it, breast fed/bottle fed and length

Menopause: when did it start, current symptoms