

History intake form

COMPLETE

#5

CREATED



PUBLIC

Feb 27th 2025, 7:58:40 am

IP ADDRESS



1.147.115.123

* Name

Donha Lincoln

* Email

lincolnDonha@gmail.com

* Accidents / Trauma / Surgery / Illness/Injuries AND muscular / Skeletal/ TMJ problems/ Dental

I have arthritis in my ankles/ knee's/ hips and wrist.

* Sleep Pattern (Hours per night and quality) AND Medications / supplements:

Around 5-6 hours

* Immune system and Allergies / sensitivities / Skin Issues (eczema) :

Eczema

* Birth & Childhood History/ Behavioural patterns, PMS & Reproductive/hormonal Moods, patterns of feelings and thoughts.

Go through menopause

* Bowel Habits: Frequency, time(s), consistency, undigested food or Dietary: ie avoided food groups Bladder: Litres of water per day, Alcohol/coffee

Around 3 Litres a day

* Relevant family history: Mental illness, physical illness, trauma

Heart attack and aneurysms

* Respiratory / Heart: ie Asthma, heart palpitations AND Neurological: ie epilepsy, headaches (eye sight, smell, hearing) etc

Are we hearing aids