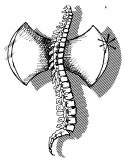


Labrys Healthcare Circle
6536 Telegraph Avenue, Suite A102, Oakland, CA 94609 • (510) 658-9066

Confidential Health History Form

Name ..... Date .....

Street Address ..... City, State, Zip .....

Phone ..... Other phone ..... Referred by .....

Date of Birth ..... Occupation ..... E-mail .....

Height ..... Weight ..... Body frame (S,M,L) ..... Number of children .....

Ancestry (List all) .....

Exercise, recreation .....

.....

Relaxation/stress reduction .....

.....

Rate energy level (1=low, 10=high) ..... Endurance ..... Mental Clarity .....

Memory .....

Health concerns, short term .....

Health concerns, long term .....

Dental history .....

.....

Family Health History .....

.....

.....

.....

Health History .....

.....

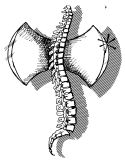
.....

.....

Other health practitioners currently seeing: (Please include professional designation and phone number)

.....

.....



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Confidential Health History Form

Current prescription medications .....

.....

Current food supplements.....

.....

Stressors.....

.....

Trauma/Accidents.....

.....

.....

Abnormal lab tests in the last 2 years.....

.....

Allergies to foods, airbornes, contactants.....

.....

Toxins encountered at work or home.....

.....

Addictions/Cravings .....

.....

Periods of Malnutrition/dieting.....

.....

Smoker now? How long? .....If in past, for how long? .....

Average amount of sleep per night.....

.....

Amount of water consumed per day .....

Other comments .....

.....

.....

Signature.....Date.....