

Dr. Brian C. Bailey Patient History Form

Please fill something in each box. It helps us to know a lot about you. Do not wait until your appointment to fill it out. Bring it in filled out

Describe the stress from which you suffer

List any medications you take for stress

List any medications you take for other conditions

Consider this situation. You are in the passenger seat of your best friend's car. Your friend is excitedly telling you a story and not watching the road. The weather suddenly turns, with rain and snow coming down, and cars ahead are slipping around. What do you do?

List your 3 biggest weaknesses

List your 3 biggest strengths

First Name

Last Name

Age

How long have you been dealing with stress?

What stands in the way of your dealing better with stress?

With whom are you in conflict?

Consider this situation. You have agreed to take some very young children camping. After a great day, you take them to a provincial park to camp out. They have settled down nicely when a car of teenagers drinking beer and playing loud music arrives next to you. What do you do?

Who suggested you come to AcuDestress?

Who is your doctor? Shall we send a report?

Have you been treated for mental health problems or substance addiction? How?	Ever been given a mental health diagnosis?	List any allergies
	How well did treatment work? Be specific.	How many alcoholic drinks per week?
		Any difficulties sleeping? If yes, be specific.

GLUTEN SURVEY check off any of the following that apply to you:

Digestive	Hormonal	Neurological	Immune
Bloating/gas	Fatigue incl. CFS	Headache (migraine)	Joint aches/pains
Constipation and/or diarrhea	Anxiety and/or Depression	Memory Difficulties	Easily gets infections
Weight problems	Infertility	Brain fog	Cancer (you or family)
Iron deficiency anemia	Thyroid problems	Arthritis	Celiac Disease
Acid Reflux	Osteoporosis	Fibromyalgia	

Auto-immune Disease
You or family. Please name disease and family member (see list below)

List any significant physical disease history in your past or present

List family physical illness history and whom it involved

List mental illness in family, including suicide

Born before full 9-month term?

Born Caesarian section?

Respiratory infections as a child?

Learning disabilities as a child or adult?

Please check off any conditions below that apply to you. If you or your family have suffered from an **autoimmune disease**, including any of the following, please circle that condition and state who in your family has this disease.

- Addison's disease
- Ankylosing spondylitis
- Autoimmune chronic active hepatitis (CAH)
- Autoimmune hemolytic anemia (AR)
- Autoimmune thrombocytopenic purpura
- Antiphospholipid Syndrome (APS)
- Bullous pemphigoid
- Celiac disease
- Crohn's Disease
- Cryo-globulinemia
- Dermatitis herpetiformis (DH)
- Discoid lupus erythematosus
- Encephalomyelitis
- Giant Cell Arteritis
- Graves Disease
- Guillain Barré Syndrome
- Primary Biliary Cirrhosis
- Hashimoto's Thyroiditis
- Inflammatory bowel disease
- Insulin-dependent diabetes
- Kawasaki disease (KD)
- Systemic lupus erythematosus
- Meniere's Disease
- Multiple Sclerosis
- Myasthenia Gravis
- Oophoritis
- Pernicious anemia
- Polyarteritis nodosa (PAN)
- Polymyalgia Rheumatica
- Polymyositis/Dermatomyositis
- Raynaud's phenomenon
- Rheumatoid arthritis (RA)
- Sarcoidosis
- Sjogren's syndrome
- Stiff-man/Stiff-person syndrome
- Scleroderma
- Wegener's granulomatosis

Signature Date