Health and Lifestyle Overview

Please tell me what is bothering you. If this involves a specific health condition or illness, please tel me about it in <u>as much detail as possible</u> . List the very first time that you noticed the condition and describe carefully any factors that you think may have played a role in its onset and progression. (Please attach a sheet if more space is required).
Is your health currently getting better, worse, or staying the same. How do you know?
What have you tried to do to improve your state of health (e.g. other doctors, treatments, etc)?
Please list the <u>5 most significant stressful events in your life</u> , from the most recent to the most distant. Are any of these situations continuing to impact your life? If so, please indicate these clearly.
a.
b.
C.
d.
e.
Please list any other health concerns/conditions, even if you think they may not be important