

Pertinent Neural Therapy History

A. Please complete the following with the approximate age of occurrence:

Patient's Name		Age	Date
SERIOUS INFECTIONS/DISEASES (pneumonia, mono, T.B., cancer, heart attack, chronic bronchitis, colitis, mumps, measles, chicken pox, etc.)		AGE	AGE
SURGICAL		AGE	AGE
TOXIC PROFESSION PAST OR PRESENT (artist, graphic designer, dentist, dental assistant, gas station worker, painter, industry, computer cleaning, etc.)		AGE	AGE
INJURIES/ACCIDENTS WITHOUT STITCHES		AGE	AGE
MAJOR PSYCHOLOGICAL TRAUMA		AGE	AGE
Typical childhood vaccinations?		yes ___ no ___	
LONG PERIODS ON PRESCRIPTION OR STREET DRUGS, OR ALCOHOL, OR CIGARETTES		AGE	AGE
INJURIES/ACCIDENTS WITH STITCHES		AGE	AGE
LONG VISITS OR LIVED IN A FOREIGN COUNTRY LIKE INDIA, MEXICO, AFRICA, ETC.		AGE	AGE
Treated for parasites, infection?		yes ___ no ___	
DENTAL INTERVENTION (Root canals & extractions — please try to name & number tooth — refer to dental chart on back. Also, age of first silver amalgam filling, braces, retainer, etc.)		AGE	AGE
PREGNANCIES/BIRTHS/ABORTIONS/IUD's, B.C. pills, etc.		AGE	AGE
MEDICATIONS/ALLERGIES (PAST OR PRESENT)		AGE	AGE

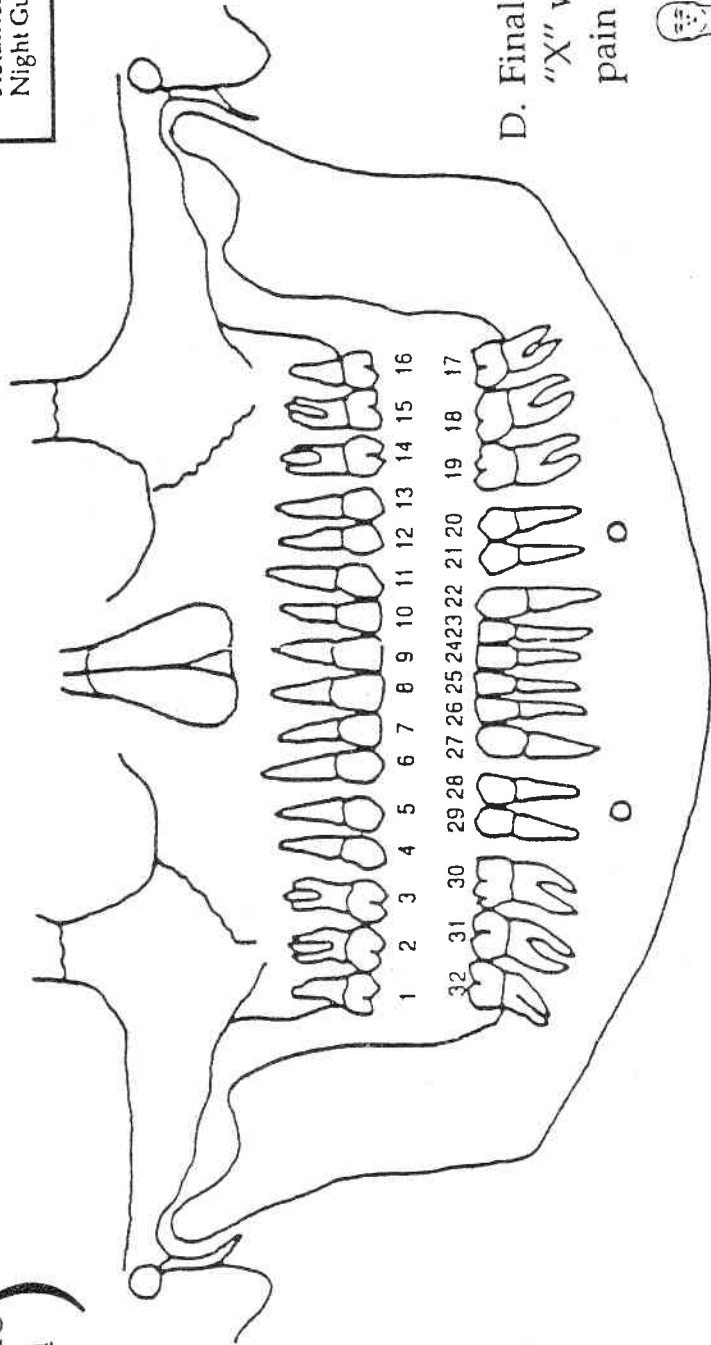
B. Please use the numbered teeth below to indicate on the other side which teeth have had dental intervention. ALSO, please use the **KEY** to mark appropriately on the dental chart, and answer upper/lower, if appropriate.

Use a mirror!

(#1, 16, 17 & 32 are wisdom teeth)

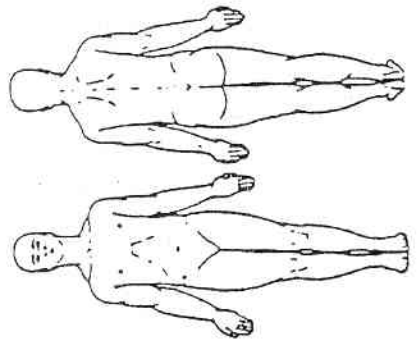
KEY	
Pulled teeth	X
Cavities filled	•
Crowns	■
Bridge	⎵
Root canals	○
Dentures?	upper lower
Braces?	upper lower
Retainer or Night Guard?	upper lower

Right side



Left side

D. Finally, mark with an "X" where you have pain or dysfunction.



C. Write your chief complaint(s) below and indicate the approximate age of onset.

HEALTH COMPLAINT	AGE	HEALTH COMPLAINT	AGE
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____