

## HEALTH TIMELINE

**INSTRUCTIONS:** Please, use this form as a prompt to put together your life's health timeline in chronological order. You may use any format you'd like, write a story or use bullet lists; include health-related information as well as information about major life events (moves, milestones, jobs and relationships lost and found, etc.).

Be as brief or as detailed as you wish and are comfortable with. This information can help to better understand what shaped you as you now are and what needs to be done to move forward to a healthier you.

### PRECONCEPTION

- include any known information about both parents' state of health/habits at the time of conception
- include any known physical, mental, and emotional health information of your mother during pregnancy

### BIRTH AND POSTNATAL PERIOD, INFANCY

Provide any known information about how you were born (vaginally or via a C-section) and fed (breast or formula fed, when and how were solids introduced and how were they tolerated), and health issues (ex: illnesses, infant reflux, ear infections, etc)

### CHILDHOOD

Provide any information about your physical, mental, and emotional health during childhood; include any diseases, recommended/prescribed medications and/or supplements, accidents, trauma, levels of physical activity, disposition, gender identity, etc.

### TWEEN AND TEENAGE YEARS

Provide any information about your physical, mental, and emotional health during your teen years; include any diseases, recommended/prescribed medications and/or supplements accidents, trauma, levels of physical activity, disposition/moods, gender identity and sexual orientation; sexual activity, drug and alcohol use, body image and relationship with food; school-related stress; etc.

If applicable: state the age at menarche (first menstrual period) and describe your periods (length of cycle and bleeding, how heavy or light the periods are, are there any accompanying symptoms and if so, indicate which ones and their severity rating each symptom individually (use a scale of 0 to 10 with 0-no symptoms and 10-worst symptoms)

### ADULTHOOD

Provide any information about your physical, mental, and emotional health during your teen years; include any diseases and/or hormonal dysregulation, recommended/prescribed medications and/or supplements accidents, trauma, levels of physical activity, disposition/moods, gender identity and sexual orientation; sexual activity, drug and alcohol use, body image and relationship with food; school/work/family related stress; etc.

If applicable:

- describe your periods (length of cycle and bleeding, how heavy or light the periods are, are there any accompanying symptoms and if so, indicate which ones and their severity rating each symptom individually (use a scale of 0 to 10 with 0-no symptoms and 10-worst symptoms)
- state your age at menopause and describe the perimenopausal transition
- fertility/conception issues