



Certification Resources: Case History Interview - Template

Why History Taking is Important

- What it takes to be thorough
- Functional assessment
- Root cause analysis
- Identify risk factors
- Early detection
- Prevention of disease and dysfunction
- Address signs and symptoms before they become pathology

Components of a Thorough History

DEMOGRAPHICS AND GENERAL INFORMATION

- Name, address, phone number
- Height and weight
- Marital status and family members
- Occupation
- Education
- Travel
- Pets

HEALTH GOALS

- Palliative, preventative or seeking optimal health and functioning
- 5-year vision
- 1-year vision
- 90-day goal
- 1-month goals

HISTORY OF CHIEF COMPLAINT(S)

- Onset: when started, mode of onset, mode of ending, initial treatment if any
- Progression
- Previous occurrence
- Quality of pain or discomfort
- Radiation to other body parts
- Review of any other related or concurrent symptoms
- Site of discomfort or pain
- Setting under which symptoms occur
- Severity
- Timing
- Associated symptoms
- Better with – relief obtained by activities, positions, treatments or lifestyle factors
- Contributing factors to worsening of symptoms
- Duration
- Effect on day to day activities
- Frequency



CURRENT HEALTH AND EXPOSURES

Review of Body Systems

- General – fatigue, fever, appetite, weight, sleep
- Digestive
- Respiratory
- Cardiovascular
- Musculoskeletal

Nutrition and Lifestyle Questionnaire

- Foods eaten and foods avoided
- Food frequency survey
- Eating habits and environment
- Hydration
- Unhealthy habits – alcohol, caffeine, tobacco
- Exercise habits
- Sleep habits
- Stress

Exercise Habits and History

- Frequency
- Duration
- Balance – yoga, core, cardio
- Ratio of cardio and resistance
- Recovery time
- Soreness between workouts
- Cramps
- Water intake

Sleep Habits and History

- Typical bedtime
- Usual wake-up time
- Average hours of sleep
- Quality of sleep
- Difficulties falling asleep
- Difficulties staying asleep
- Quality of sleep
- Sleep environment
- Awaken refreshed?

Stress Evaluation and Risk

- Daily stressors
- Major life events
- Physical limitations
- Family dynamics

Medications and Supplements

- Current – frequency, timing, duration, doses, brands, reason
- Noticeable benefits
- Side effects
- Recent past supplements
- Thorough past medication history



Environmental Influences

- Current exposures
- Past exposures
- What's in the garage
- Personal care products
- Home care products
- Occupational
- Known sensitivities

Dental Evaluation

- Fillings
- Root canals
- Bridges and crowns
- Habits
- Gingivitis

Past Health and Family History

- Illnesses
- Injuries
- Surgeries
- Hospitalizations
- Childhood health history and diet
- Prenatal care
- Trauma – emotional and physical
- Family history – past and present

Nutrient Evaluation Scorecards

- Vitamins
- Minerals
- Amino acids
- Fatty acids

Organ and Gland Scorecards

- Thyroid
- Adrenal
- Insulin
- Pituitary
- Sex Hormones
- Cardiovascular
- Digestion including leaky gut and candida
- Respiratory
- Genitourinary
- Neurotransmitters
- Detoxification

How “Ready and Willing” Are Clients to:

- Change diet
- Take supplements
- Keep records
- Modify lifestyle
- Practice relaxation techniques
- Exercise
- Have periodic lab tests to assess progress
- Confidence in ability to follow through
- Support circle
- How much support they need from you