



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