

THE HEALING TOUCH

" Health Status NOW" (HSN) Form

Name:..... Age:..... Sex:.....

Language Spoken:..... What - Profession / Business.....

Ht.....:..... Wt Blood Pressure:.....

Main Complaint(s): (Include Clinical Diagnosis if available)

Past Medical History:

Family History:

Life Style History:

Diet:

Sleep:

Dreams:

Urination:

Bowels:

Appetite:

Personal Habits:(Mental and Physical)

Regular Exercise:

History of Medication:

Give an honest assessment of yourself: in atleast 25 words each

Emotionally:

Intellectually: