

AMICAY KINESIOLOGY

NEURAL THERAPY HISTORY

NAME _____ AGE ____ DATE _____

Please complete the following with the approximate age of occurrence:

Surgery	Age
(Including all operations, even moles, etc. Removed & circumcision)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Serious Infections/ Diseases	Age
(Pneumonia, mono, T.B., Cancer, Heart Attack, Chronic Bronchitis, Colitis, etc.)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Typical childhood vaccinations?	Y N

Dental Intervention	Age
(Root Canals & Extractions, name & number of tooth if possible. Also, age of first silver amalgam filling, braces, retainer, etc.)	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Toxic Profession Past or Present	Age
(artist, graphic designer, dentist, assistant, gas station worker, painter, industry, computer cleaning, etc.)	
_____	_____
_____	_____
_____	_____
_____	_____

Long Periods on Prescription or Street Drugs, Alcohol, or Cigarettes	Age
_____	_____
_____	_____
_____	_____
_____	_____

Pregnancies/ Births/ Abortions, Epsiotomy, Etc.	Age
_____	_____
_____	_____
_____	_____
_____	_____

Injuries/ Accidents without Stitches	Age
_____	_____
_____	_____
_____	_____

Injuries/ Accidents with Stitches	Age
_____	_____
_____	_____
_____	_____

Medications/ Allergies (Past or Present)	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Major Psychological Trauma	Age
(Death in the family, Divorce, Break-ups, etc.)	
_____	_____
_____	_____
_____	_____
_____	_____

Long Visits or Lived in a Foreign Country	Age
_____	_____
_____	_____
_____	_____
_____	_____
Treated for Parasites, Infection, etc.?	__Y __N