



PREDISPOSING FACTORS TO FATIGUE

Comprehensive Health History Timeline

Surgeries:

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Hospital Visits:

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Sicknesses: Severe colds, flu bronchitis, pneumonia, severe sore throat, and other infectious diseases; accidents, injuries or incidences of severe pain; long term disorders (degenerative, chronic, or autoimmune):

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Dental Work: root canals, implants, gum disease, extensive amalgam restorations (silver fillings):

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____





Emotional Events: lost job, moving, changing jobs, death of close friend or relative, separation, divorce, financial difficulties, shocks, trauma.

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Prescription or over the counter medication/recreational drugs: adverse reaction to, unpleasant side effects of, or chronic intake:

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Other Events and Incidents:

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

Date: _____ Incident: _____

