

1. Please list/describe any traumatic events you have suffered even if you feel it was small, I.E. Loss of consciousness, if so how long and was there any ringing in ears, seeing stars, light sensitivity, double vision, etc.
2. Please list/describe any surgeries you have had in your life.
3. Please list/describe any medical conditions you have been diagnosed with.
4. Please list any medications, vitamins, minerals, herbal supplements you are taking and what they are taken for.
5. Please list if you had any birth traumas, I.E. C-Section, Forceps usage, suction cup use, cord wrapped around neck, long or difficult birth, etc.
6. Please list any family history of neurological disorders, I.E. Multiple Sclerosis, Parkinsons, Lou Gehrig's disease, etc.
7. Please list any family history of major medical conditions, I.E. Diabetes, Stroke, Heart Attack, etc.