



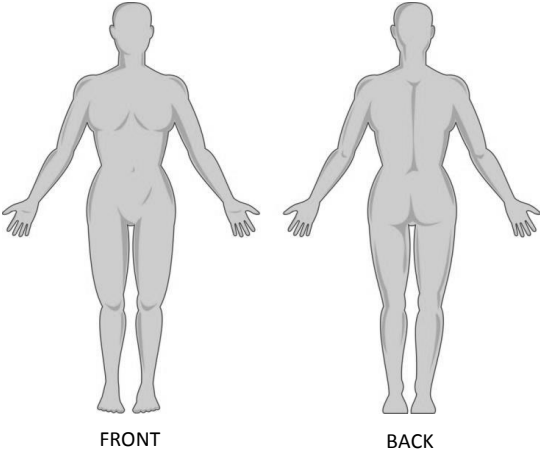
NEURAL HEALTH HISTORY

JACKIE BELL NATURAL HEALTH

Name _____

Age _____

Date _____

SURGERIES		AGE	SERIOUS INFECTIOUS DISEASES (pneumonia, bronchitis, mono, TB, cancer, heart attack, colitis, mumps, measles, chicken pox, etc.)		AGE	Put an X where you have pain or dysfunction.  FRONT BACK
INJURIES/ACCIDENTS WITH STITCHES		AGE	LONG PERIODS ON PRESCRIPTION/STREET DRUGS, ALCOHOL, OR CIGARETTES		AGE	
INJURIES/ACCIDENTS WITHOUT STITCHES		AGE	MEDICATIONS & ALLERGIES (past & present)		AGE	PREGNANCIES/BIRTHS/ABORTIONS/ IUDs, BIRTH CONTROL, etc. AGE
LONG VISITS OR LIVED IN A FOREIGN COUNTRY (INDIA, MEXICO, AFRICA, ETC.)		AGE	TOXIC PROFESSION PAST OR PRESENT (artist, dentist, dental assistant, painter, mechanic, industrial worker, cleaner, etc.)		AGE	MAJOR PSYCHOLOGICAL TRAUMA AGE
TREATED FOR PARASITES/INFECTION? Yes ___ No ___						



NEURAL HEALTH HISTORY

JACKIE BELL NATURAL HEALTH

Name _____

Date _____

HEALTH COMPLAINTS	AGE

DENTAL INTERVENTION	
(Age of first silver metal filling, braces, retainers, root canals, and extractions. For tooth numbers, see Dental Chart.)	AGE

DENTAL KEY

Place the markings on the chart as accurately as you can.

- Pulled Teeth X
- Teeth that did not grow in ✓
- Filled cavities ●
- Crowns ■
- Bridge —
- Root Canal ○

Braces Upper _____ Lower _____

Retainer/Night Guard Upper _____ Lower _____

Dentures Upper _____ Lower _____

Do you have metal amalgam fillings? Yes _____ No _____

If you had any metal amalgam fillings in the past,
were they removed safely? Yes _____ No _____ Not sure _____

DENTAL CHART

RIGHT/LEFT means **YOUR** RIGHT/LEFT. Teeth #1, #16, #17, and #32 are your wisdom teeth.

