NEURAL HEALTH HISTORY

JACKIE BELL NATURAL HEALTH

Name Age Date

SURGERIES	AGE

INJURIES/ACCIDENTS WITH STITCHES	AGE

INJURIES/ACCIDENTS WITHOUT STITCHES	AGE

LONG VISITS OR LIVED IN A FOREIGN COUNTRY (INDIA, MEXICO, AFRICA, ETC.)	AGE

TREATED FOR PARASITES/INFECTION? Yes ____ No ___

SERIOUS INFECTIOUS DISEASES (pneumonia, bronchitis, mono, TB, cancer, heart attack, colitis, mumps, measles, chicken pox, etc.)	AGE

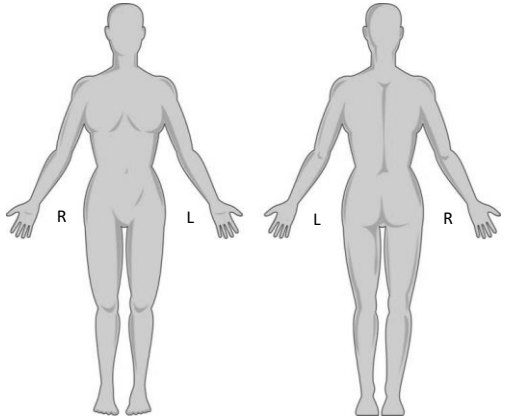
TYPICAL CHILDHOOD VACCINATIONS? Yes ____ No ___

LONG PERIODS ON PRESCRIPTION/STREET DRUGS, ALCOHOL, OR CIGARETTES	AGE

MEDICATIONS & ALLERGIES (past & present)	AGE

TOXIC PROFESSION PAST OR PRESENT (artist, dentist, dental assistant, painter, mechanic, industrial worker, cleaner, etc.)	AGE

Put an **X** where you have pain or dysfunction.



FRONT BACK

PREGNANCIES/BIRTHS/ABORTIONS/ IUDs, BIRTH CONTROL, etc.	AGE

MAJOR PSYCHOLOGICAL TRAUMA	AGE

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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	O

Braces Upper _____ Lower _____

Retainer/Night Guard Upper _____ Lower _____

Dentures Upper _____ Lower _____

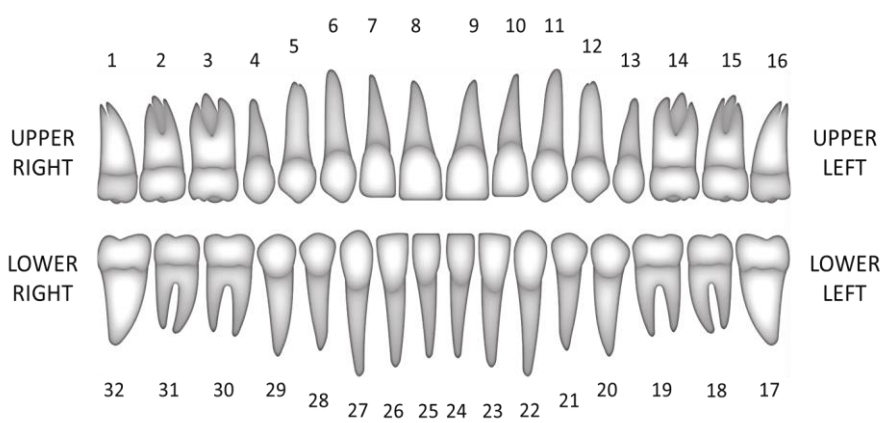
Do you have metal amalgam fillings? Yes ____ No ____

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.



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