BONNIE S. FRIEHLING, M.D.
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(573) 446-1200

Name_____**DOB**:_____ **Age**____ **Sex: M F** **Date**_____
Address_____
_____ **City**_____ **State/Prov.**_____
Postal Code_____
Home Phone_____ **Mobile Phone**_____
Business Phone_____
E-Mail Address_____ **Height**_____ **Weight**_____
Occupation_____ **How were you referred?**_____

What are your main health concerns or conditions?_____
_____
Please list any medications or food supplements you are currently taking:
_____
_____
Please list any recent medical tests results you have, such as blood tests:
_____

Any past surgeries and dates:
_____
_____
Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis._____

Alcohol use:
Type_____ **Ounces**_____ **How often?**_____
Tobacco use:
Type_____ **How often?**_____
Recreational Drug Use:
Type_____ **How often?**_____
Name_____ ***Date***_____

SYMPTOMS

CIRCLE any conditions or symptoms that presently describe you

Joint Pain
Joint Stiffness
Arthritis, Osteo
Arthritis, Rheumatoid
Muscle Pain
Muscle Weakness
Muscle Cramps
Bursitis
Fractures
Osteoporosis
Gout

Sweet Cravings
Sugar Reactions
Irritable before meals
Can't Skip Meals
Hypoglycemia
Crave Starches
Fat Cravings
Other Food Cravings
Food Allergies
Excessive hunger
No hunger
Diabetes

Rapid Heart Rate
Skipped Heart Beats
Heart Palpitations
Heart Attack
Poor Circulation
Dizziness

Hives
Hair Loss
Slow Wound Healing
Cataracts
Glaucoma
Meniere's Disease
Tooth Decay
Excessive Plaque on Teeth
Gum Disease

Infections/Viruses
Tumors/Cancer
Multiple Sclerosis
Parkinson's Disease
Scleroderma
Fear
Anger
Anxiety
Bipolar Disorder
Brain Fog
Confusion
Depression
Irritability
Mind Races
Mood Swings
Obsessive/Compulsive
Panic Attacks

Migraine Headaches
Neuritis
Eye diseases
Constipation
Diarrhea
Intestinal Gas
Bloating
Heartburn
Ulcer
Stomach Pain
Colitis
Gall Stones
Fissures
Hemorrhoids
Cirrhosis
Diverticulitis
Tend to Gain Weight
Tend to Lose Weight

Anemia
Easy Bruising

Dental Amalgams
Drug Addiction
Alcoholism
Smoking

WOMEN:

Low or High Blood Pressure
Angina
Arteriosclerosis
High Cholesterol_____
High Triglycerides____

Cough
Bronchitis
Asthma
Post-nasal Drip
Sinus Congestion
Allergies
Emphysema

Fatigue
Hypothyroidism
Low Body Temperature
Cold in Winter/Dry Skin
Tend to Gain Weight
Hyperthyroidism
Acne
Eczema
Fungal Infections/Candida
Psoriasis

Poor Memory
Schizophrenia
Trouble Sleeping
Suicidal thoughts
Autism
Attention Deficit
Hyperkinesis
Dyslexia
Seizures
Learning Disability
Mental Retardation
Delayed Development

Bladder Infections
Kidney Infections
Trouble Urinating
Frequent Urination
Painful Urination
Kidney Stones
Water Retention
Kidney Stones
Water Retention
Sinus Headaches
Tension Headaches

Premenstrual Syndrome
Water Retention
Cramps
No Menstruation
Heavy periods
Light/Irregular Periods
Ovarian Cysts
Fibroid Tumors
Abnormal Pap Smear
Menopause
Fibrocystic Breasts
Breast Tumors
Yeast Infections
Hot Flashes
Currently pregnant
Abuse
Rape

MEN:
Prostate Problems
Impotence
Infertility