

CLINICAL HISTORY

EFP CLINICAL HISTORY FORM

To be completed prior to your consultation

SECTION 1 — BASIC INFORMATION

- Name:
 - Age:
 - Height / Weight:
 - Occupation:
 - Date:
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SECTION 2 — TIMELINE OF YOUR HEALTH (CRITICAL)

When did your current health issues begin?

(Approximate date or age)

- Sudden onset
 - Gradual onset
 - Unsure
-

What was happening around that time?

(Illness, infection, stress, travel, medication, life event, etc.)

List the most important health events in order (only major events):

Date Event What Happened

SECTION 3 — YOUR MAIN CONCERNS (PRIORITIZATION ONLY)

List your TOP 5 current symptoms (most important first):

- 1
- 2
- 3
- 4
- 5

(Optional) Severity for each (1–10):

SECTION 4 — REAL-WORLD TRIGGERS (CLINICAL CONTEXT ONLY)

List any clear triggers you have personally noticed.

(Food, supplements, stress, environment, activity)

If none, write: **None**

Do you ever react differently to the same food, supplement, or activity at different times?

- Yes
 - No
 - Unsure
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SECTION 5 — TREATMENT & RESPONSE HISTORY (HIGH VALUE)

List the most important treatments, diets, or supplements you have tried:

Treatment	Helped	No Change	Made Worse
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Have you ever had a strong negative reaction to a treatment or supplement?

- Yes
- No

If yes, briefly describe:

SECTION 6 — SLEEP TIMING (OBJECTIVE CONTEXT)

- Time you usually go to sleep: _____
- Time you usually wake up: _____

Do you feel rested upon waking?

- Yes
 - No
-

SECTION 7 — CURRENT FUNCTION (GLOBAL SNAPSHOT)

Overall function:

- Fully functional
 - Mild limitations
 - Moderate limitations
 - Significant limitations
-

Exercise tolerance:

- Normal
 - Reduced
 - Unable to tolerate
-

Recovery after activity:

- Normal
- Slower than expected
- Poor / prolonged

SECTION 8 — CURRENT MEDICATIONS & SUPPLEMENTS

List all current medications and supplements:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

SECTION 9 — YOUR STORY (IMPORTANT)

Tell me your story in your own words.

Include anything you feel is important, even if it was not asked above.