

Carole Summer, CCH Summer Health, LLC

Hello. I look forward to working with you on your health concerns.

For our first consultation, please make a list of the following information in chronological order so that I can understand the progression of your health concerns and what problems need to be treated. Please complete this on a separate sheet of paper. Handwriting is OK. You can email this to me in advance or bring it to your consultation.

HEALTH HISTORY:

Any . . .

Injuries
Illnesses / Diseases
Traumas
Medications / supplements
Therapies
Hospitalizations

During . . .

Birth
Infancy
Childhood
Teens
Adulthood
Current Main Complaints

FAMILY HISTORY:

What health concerns trouble/d your parents, grandparents, other family members, and if deceased, what did they die of?

Thank you!
Carole Summer, CCH