



**Your Health**  
Solutions  
*Functional & Lifestyle Medicine*

**Your Health Solutions**

**Dr. Bryan W. Reid**

2136 Vadalabene Dr, Ste B

Maryville, IL, 62062-5828

(618) 205-3240

Fax: (618) 205-3598

**Please note: Questionnaires that are not completed will be sent back for revision.**

### GENERAL INFORMATION

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Country and Zip or Postal Code: \_\_\_\_\_

Education: \_\_\_\_\_ Profession: \_\_\_\_\_

Sports: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Other interests: \_\_\_\_\_

### HEALTH HISTORY QUESTIONS

Please list current medications:

\_\_\_\_\_  
\_\_\_\_\_

Please list current herbal and nutritional supplements:

\_\_\_\_\_  
\_\_\_\_\_

Briefly list your chief complaints in order of their importance to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the space below, please give a summary of any emotional or personal factors that may have affected your health, such as emotional traumas, family issues, etc.

Please include relevant dates.

In the space below, provide a detailed narrative (not a bullet list) of your health history and medical issues in chronological sequence starting at birth and ending at the present. Please include accidents, illnesses, surgeries, injuries, exposure to toxins, family illnesses, and any other factors that may have contributed to your current state of health. Please include relevant dates. Do not include any emotional or personal factors in this section.

List all diagnoses given to you in a timeline sequence and your personal opinions about the diagnoses:

---

---

List your opinion on what you think has happened to your health:

---

---

List all health care providers you have consulted and their opinions and treatments about your case:

---

---

List any treatments, medications, or supplements that have improved your health:

---

---

List any treatments, medications, or supplements that have caused reactions or decreased your health:

---

---

List in a timeline sequence any medications you have taken in the past:

---

---

List in a timeline sequence any medical procedures or surgeries you have had:

---

---

List in a timeline sequence any significant laboratory or imaging results (even if the records are included in your application packet):

---

---

List in a timeline sequence any exposure to environmental, industrial, or toxic compounds:

---

---

List any history of infections (excluding common colds):

---

---

PERSONAL OPINION QUESTIONS

What do you consider a realistic window of time to see changes in your health under our care?

---

---

What are your expectations from us?

---

---

What specific improvements in your health would you consider a successful outcome in your case?

---

---