



Birth Date _____
 Age _____
 Gender _____
 Weight _____
 Height _____

**HEALERS WHO SHARE
 ANALYSIS INFORMATION**

Educator

 Tel _____
 Fax _____

NAME _____
Address _____

TEL _____ **FAX** _____ **E-MAIL** _____

Describe Current Condition _____

MEDICAL OPINION (if any) _____
YOUR OPINION (intuition) _____
DESCRIBE HOW PROBLEM STARTED _____

Include environmental issues before or during _____

HEALTH HISTORY

Childhood Diseases (circle one) Mumps, Measles, Rubella, Chicken Pox, Pneumonia, Whooping Cough, Scarlet Fever, Other _____
VACCINATIONS (Circle) MMR, DPT, POLIO, CHICKEN POX, TB, Other _____
DISEASES _____
OPERATIONS _____

Major health problems of Blood Mother & Father _____

Major health problems of Blood Grandparents _____

Health problems of Siblings, Aunts and Uncles _____

ADDITIONAL COMMENTS _____

