

# Pertinent Neural Therapy History

A. Please complete the following with the approximate age of occurrence:

SURGERY AGE

SERIOUS INFECTIONS/DISEASES  
(pneumonia, mono, T.B., cancer, heart attack, chronic bronchitis, colitis, mumps, measles, chicken pox, etc.)

AGE

Patient's Name

Age

Date

DENTAL INTERVENTION

AGE

(Root canals & extractions — please try to name & number tooth — refer to dental chart on back. Also, age of first silver amalgam filling, braces, retainer, etc.)

TOXIC PROFESSION PAST OR PRESENT  
(artist, graphic designer, dentist, dental assistant, gas station worker, painter, industry, computer cleaning, etc.)

AGE

Typical childhood vaccinations?  yes  no

LONG PERIODS ON PRESCRIPTION OR STREET DRUGS, OR ALCOHOL, OR CIGARETTES

AGE

INJURIES/ACCIDENTS WITHOUT STITCHES

AGE

INJURIES/ACCIDENTS WITH STITCHES

AGE

MAJOR PSYCHOLOGICAL TRAUMA

AGE

LONG VISITS OR LIVED IN A FOREIGN COUNTRY LIKE INDIA, MEXICO, AFRICA, ETC.

AGE

PREGNANCIES/BIRTHS/ABORTIONS/IUD's, B.C. pills, etc.

AGE

MEDICATIONS/ALLERGIES (PAST OR PRESENT)

AGE

Treated for parasites, infection?  yes  no

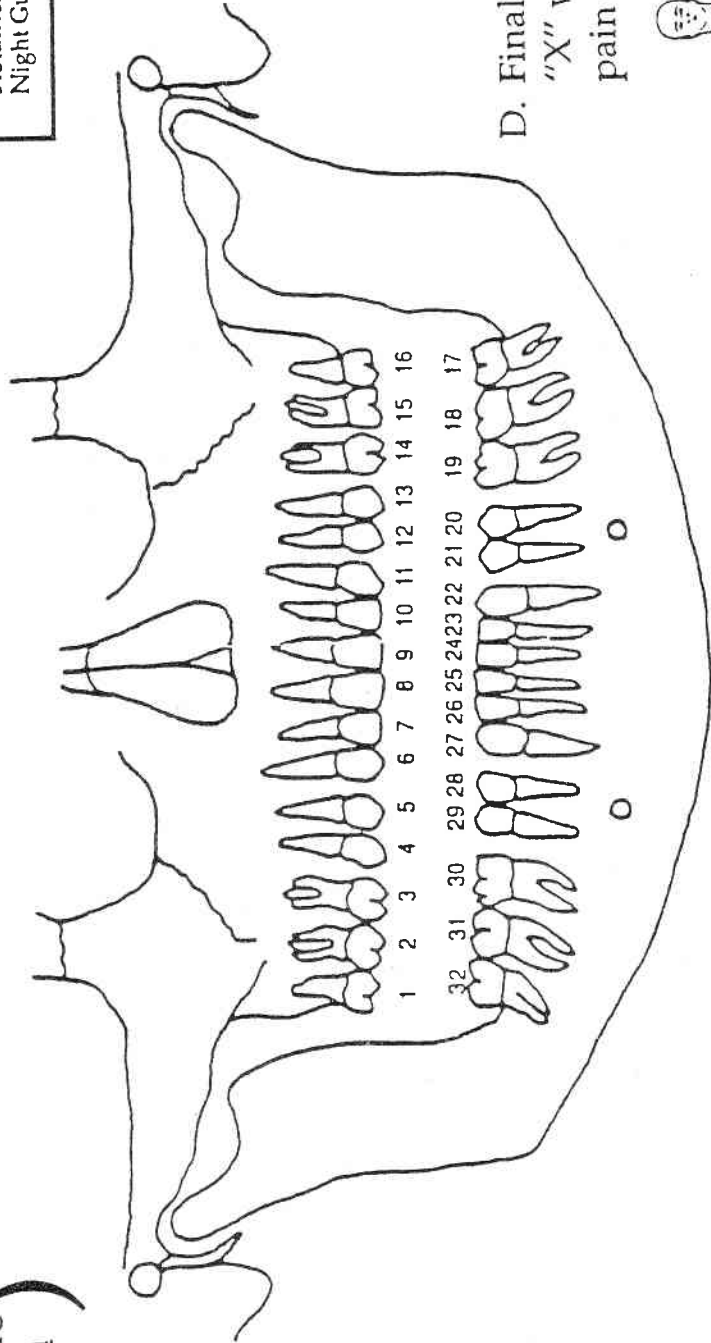
B. Please use the numbered teeth below to indicate on the other side which teeth have had dental intervention. ALSO, please use the **KEY** to mark appropriately on the dental chart, and answer upper/lower, if appropriate.

*Use a mirror!*

(#1, 16, 17 & 32 are wisdom teeth)

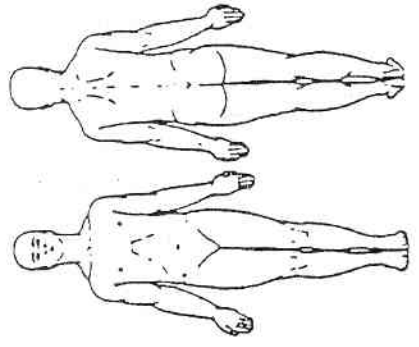
KEY	
Pulled teeth	X
Cavities filled	•
Crowns	■
Bridge	⌋
Root canals	○
Dentures?	upper    lower
Braces?	upper    lower
Retainer or Night Guard?	upper    lower

Right side



Left side

D. Finally, mark with an "X" where you have pain or dysfunction.



C. Write your chief complaint(s) below and indicate the approximate age of onset.

HEALTH COMPLAINT	AGE	HEALTH COMPLAINT	AGE
1. _____	4. _____	_____	_____
2. _____	5. _____	_____	_____
3. _____	6. _____	_____	_____