Health History Timeline





Never be alone in your health journey, again.

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Date Initial Health His			
Current state of healt	h (list your top 5 main heal	th complaints/goals here):	
		ns (family members including c	hildren, aunts, uncles
Section 2: Familial dia grandparents, sibling Maternal Side		ns (family members including c	hildren, aunts, uncles



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Section 3: Details (print out as many of this page as you need using a different sheet per family member)

Name	Date or year of onset or event (ballpark is fine)	Event, diagnosis, symptoms, or health challenge and duration	Treatment, protocols, supplements and duration of use/treatment	Testing: include dates and keep records of all bloodwork and tests as attachments.	Notes: successes, changes, failures, doctor's comments, etc.