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Health History Checklist

Circle the number for any current problems; place an "X" beside any past problems

1. PMS
2. Fatigue & exhaustion
3. Allergies
4. Mind is in a fog
5. Headaches, migraines
6. Mood swings
7. Supersensitive, weepy
8. Cold hands, and/or feet
9. Depression
10. Dry skin
11. Chocolate cravings
12. Feeling of loss of control
13. Paranoia
14. Despair, suicidal feelings, hopelessness
15. Arthritis, calcium spurs
16. Constipation
17. Racing heart, pounding heart
18. Adverse reaction to vitamins & minerals
19. Problems with concentration and memory
20. Short attention span, "spaciness"
21. Eating disorders: anorexia, bulimia, overeating
22. Panic attacks, high anxiety, free floating anxiety
23. Yeast infections (*candida*)
24. Aching muscles or muscle cramps
25. Hypoglycemia
26. Mind races -- insomnia, interrupted sleep
27. Cysts
28. Mononucleosis
29. Low blood pressure
30. Obsessive thoughts
31. Hypothyroid (slow thyroid)

Medications or Hormones: _____