



## **Timeline**

### **Patient Information:**

Today's Date: \_\_\_\_\_

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

Please write a brief outline of your life history, beginning with your mother's pregnancy, birth or early childhood, list major illnesses, injuries, hospitalizations, emotional and physical traumas, heartbreaks, divorces, significant turning points or major events in your life. List any periods of heavy alcohol, cigarettes, coffee, and pharmaceutical or recreational drug use. For women, please include events related to your reproductive system: first period, menopause, pregnancies, abortion, birth control, etc. Mention any symptoms, which you can relate to these events. If you are filling it out for your child, please include any notable information about the pregnancy and nursing. (Keep it brief and simple, just the year and the event will do and we will go into more detail as needed. Please try and write at least one page.)