

## Time Line Information

**Name:**

**Date:**

Please place all shocks in a chronological order starting from conception/birth.

### **1. Physical**

#### **1.1.Pre-birth**

List any drugs used by mother:

List any severe illnesses in the mother (particularly of a viral nature).

List any emotional shocks to mother during pregnancy:

List any emotional shocks to mother/father at time of conception.

Mother used alcohol ; Smoked ; Any ultrasound ; Other invasive testing .

#### **1.2. Birth**

Mother had difficult labor ; Forceps used .

Use of anesthetics on mother ; Late breathing or oxygen deprivation .

#### **1.3. Vaccinations**

Dates if possible of first vaccinations of each kind received (can ignore booster shots).

Vaccination

Date

Vaccination

Date

#### **1.4. Accidents**

Vaccination                      Date                      Blows to the Head                      Date

Concussions                      Date                      Broken Bones/Stitches                      Date

Animal Bites                      Date                      Other                      Date

#### **1.5. Surgical Interventions**

Tonsils removed [ ] / Date: \_\_\_\_\_; Appendix removed [ ] / Date: \_\_\_\_\_

Adenoids [ ] / Date: \_\_\_\_\_; Circumcision [ ] / Date: \_\_\_\_\_

Vasectomy [ ] / Date: \_\_\_\_\_; Hysterectomy [ ] / Date: \_\_\_\_\_

List Dental work:

A) Root canals (if possible, indicate which tooth and date)

Tooth #      Date                      Tooth #      Date                      Tooth #      Date

B) Amalgam fillings (indicate which teeth, if possible).

Tooth #      Date                      Tooth #      Date                      Tooth #      Date

List all other surgeries: \_\_\_\_\_

**1.6. DruQs used**

Antibiotics: \_\_\_\_\_

Anti-depressants: \_\_\_\_\_

Recreational Drugs: \_\_\_\_\_

Others:

**1.7. Hormones used**

Birth Control [ ] ; Hormone replacement therapy (list): \_\_\_\_\_

IVF [ ]; Others:

**1.8. Severe Infections**

Lyme Disease [ ] / Date: \_\_\_\_\_ ; Mononucleosis [ ] / Date: \_\_\_\_\_

Epstein-Barr [ ] / Date: \_\_\_\_\_ ; Measles [ ] / Date: \_\_\_\_\_

Chicken pox [ ] / Date: \_\_\_\_\_ ; Mumps [ ] / Date: \_\_\_\_\_

TB [ ] / Date: \_\_\_\_\_

**1.9. Electrical Shocks (inciudinQ medical treatment)**

Date

Date

**1.10. Clinical Diagnosis of Current Condition:**

## 2. Mental / Emotional:

List Traumas involvin~:

Abandonment / Date: \_\_\_\_\_

Grief /Date: \_\_\_\_\_

Betrayal/Date: \_\_\_\_\_

Family Death / Date: \_\_\_\_\_

Loss of Trust / Date: \_\_\_\_\_

Relationship Breaks / Date: \_\_\_\_\_

Loss of independence / Date: \_\_\_\_\_

Job loss / Date: \_\_\_\_\_

Great Fear / Date: \_\_\_\_\_

Anxiety / Date: \_\_\_\_\_

Stress / Date: \_\_\_\_\_

Anger / Date: \_\_\_\_\_

Indignation / Date: \_\_\_\_\_

Humiliation / Date: \_\_\_\_\_

Envy / Date: \_\_\_\_\_

Guilt/ Date: \_\_\_\_\_

Abuse mental/emotion/sexual / Date: \_\_\_\_\_