Vicki Grabicki
The Emotion,
Body & Belief Code

Name_____Age_____

Date_____

Medical / Emotional History

Recent accidents_____Year_____

Past Accidents. _____Year_____

Recent surgeries _____-Year_____

Past surgeries _____Year_____

Joint replacements_____Year _____

Recent hospitalizations or Emergency Room visit_____

Auto Immune Issues _____

Chronic physical concerns_____

Recent physical concerns_____

Recent or past traumatic events_____

Exposure to toxins / pesticides / radiation / metals_____

Family History / Emotional _____

Family History Physical _____

Current medications / Psychiatric/
Antidepressants_____

Recreational Drug / Microdosing /Addictions_____

Alcohol addictions / Other _____

Currently under the care of a psychiatrist_____

Recent psychiatric hospitalizations _____