**Patient Health Timeline**

*Please list all major health concerns, injuries, and significant stressful events in chronological order, as it relates to your physical and emotional health. Please list the year and write the event next to it. For example, 1979: Type II Diabetes under the appropriate age category. Leave the section blank if there were no concerns during that period.*

**Infancy**

Physical health concerns

Injuries/Accidents/Surgeries

Significant Emotional Stressors

**Childhood**

Physical health concerns:

Injuries/Accidents/Surgeries

Significant Emotional Stressors

**Adulthood**

Physical health concerns

Injuries/Accidents/Surgeries

Significant Emotional Stressors