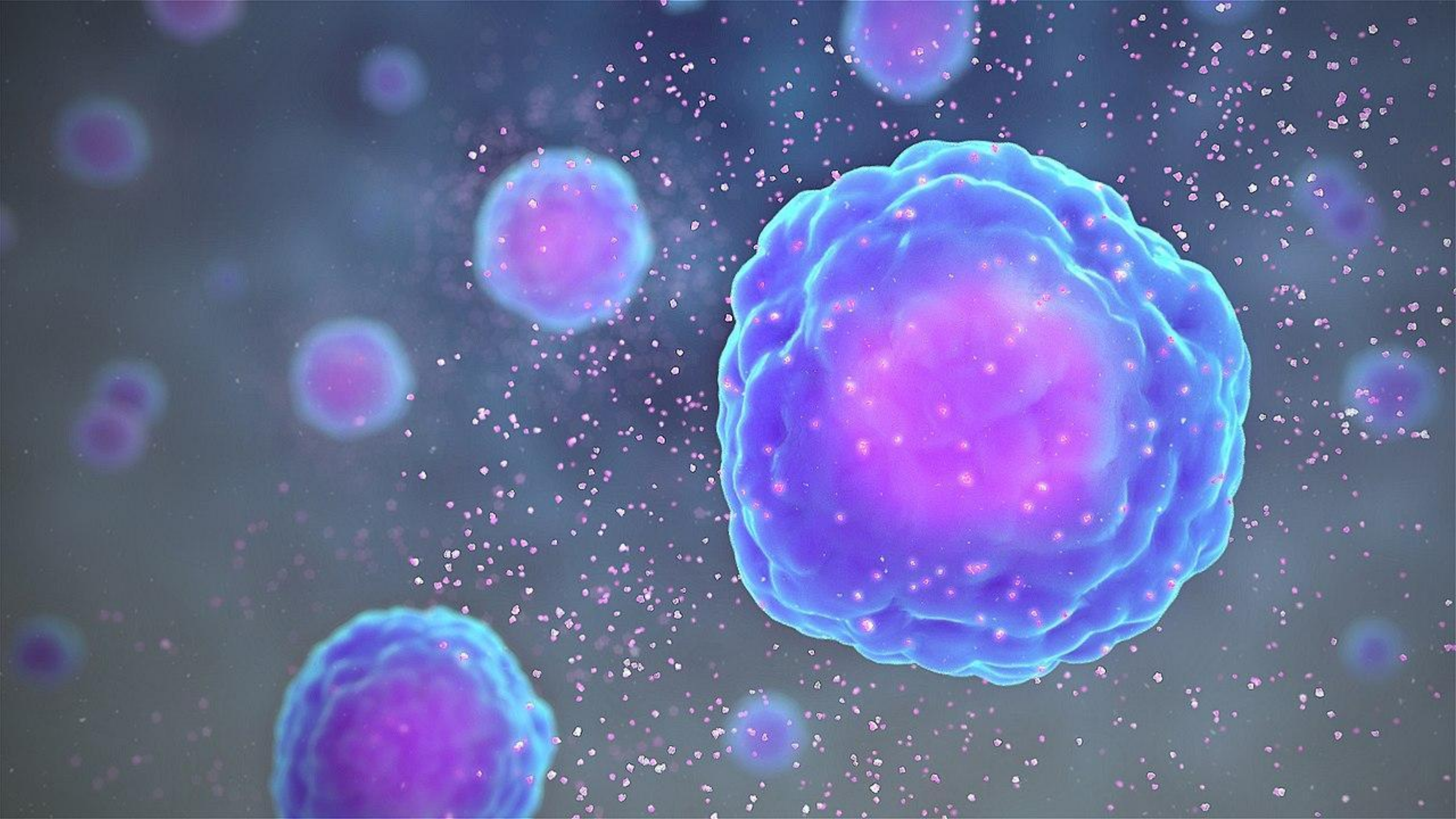




HISTORY AND EXAM

THREAT V SAFETY

ILLNESS, DISEASE, PAIN AND SUFFERING

HEALTH HISTORY QUESTIONNAIRE

CHRONIC CHIEF COMPLAINT(S)

The reason(s) they are seeking care

Diagnosis?

- Anatomy?
- Physiology?
- Threat?

Start to dig

HISTORY OF PRESENT ILLNESS

- Location of symptoms – Where are the symptoms?
- Duration of symptoms – When did they start?
- Context of symptoms – Why do you think they started?
- Modifiers of symptoms – What makes better – worse?
- Severity of symptoms – How bad?
- Timing of symptoms – How consistent?
- Quality of symptoms – Can you describe in detail?

HISTORY OF THE PAST

- Medical – Infections, Illnesses, Diseases
- Procedural – Surgeries, Others
- Psychological – Traumas, Illnesses, Diseases
- Family – Traumas, Illnesses, Diseases
- Social – Traumas, Events, Struggles
 - Married?, Children?, What is home?, Who is at home?,
Recreating?, Working?, Communities?
- Substance use

MEDICATIONS/ALLERGIES

Medications

- Past
- Present

Allergies

- Medications
- Others

REVIEW OF SYSTEM THE SYSTEM KEEPS SCORE

(Skin)

- Do you have dry or flakey skin?
- Do you have oily skin?
- Do you have rashes or acne?
- Do you have skin ulcers?
- Do you have any unusual lesions, bumps or lumps?
- Do you have skin allergies?
- Do you have skin itching?
- Do you have skin pain?

REVIEW OF SYSTEM

THE SYSTEM KEEPS SCORE

(Respiratory)

- Do you have shortness of breath?
- Do you snore?
- Do you stop breathing during sleep (apnea)?
- Do you have wheezing?
- Do you have a cough?
- Do you have a productive cough (blood, sputum or phlegm)?
- Do you have a runny nose or sinus congestion?
- Do you have respiratory allergies?
- Do you have chest pain?

REVIEW OF SYSTEM THE SYSTEM KEEPS SCORE

(Cardio-vascular)

- Do you have low blood pressure with dizziness or passing out?
- Do you have high blood pressure?
- Do you have a racing or pounding heart rhythms?
- Do you have an irregular heart rhythms?
- Do you have swelling in your feet or legs?
- Do you have vein or artery disease?
- Do your fingers or toes turn white or go cold?
- Do you have heart pain?

REVIEW OF SYSTEM

THE BODY KEEPS SCORE

(Oro-gastro-intestinal)

- Do you have problems with your gums or teeth?
- Do you have trouble swallowing?
- Do you have indigestion?
- Do you have nausea or vomiting?
- Do you have excessive gas or bloating?
- Do you have abdominal cramping?
- Do you have constipation?
- Do you have loose stools or diarrhea?
- Do you have blood in your stools?
- Do you have loss of control of your bowels?
- Do you have food allergies?
- Do you have stomach, intestinal or abdominal pain?

REVIEW OF SYSTEM

THE SYSTEM KEEPS SCORE

(Genito-urinary)

- Do you have burning, urgency or frequency of urination?
- Do you have the need to urinate multiples times at night?
- Do you have loss of control of your bladder during the days?
- Do you have a history of loss of control of your bladder when sleeping?
- Do you have any sexual dysfunction or concerns?
- Do you have pelvic, urinary or genital pain?

Males

- Do you have hesitancy or a poor stream with urination?
- Do you have erectile dysfunction?

Females

- Do you have a history of any menstrual irregularities or early menopause?
- Do you have a history of pre-menstrual syndrome?

REVIEW OF SYSTEM

THE SYSTEM KEEPS SCORE

(Fascio-Musculo-skeletal)

- Do you have focal or general stiffness?
- Do you have muscle tweaks or spasms?
- Do you have a deformity?
- Do you have tendon tears or pain?
- Do you have swelling in or around any joints?
- Do you have joint pain?
- Do you have neck pain?
- Do you have shoulder pain?
- Do you have upper back pain?
- Do you have low back pain?
- Do you have pelvic, buttock or hip pain?

REVIEW OF SYSTEM

THE SYSTEM KEEPS SCORE

(Immuno-endo-psychologic)

- Do you suffer from fatigue?
- Do you feel ill?
- Do you have frequent sore throats, colds or infections?
- Do you have any swollen glands or lymphnodes?
- Do you have chills and/or fevers?
- Do you have unexpected sweats?
- Do you have cold intolerance?
- Do you have heat intolerance?

REVIEW OF SYSTEM THE SYSTEM KEEPS SCORE

(Immuno-endo-psychologic continued)

- Have you had unexpected weight loss?
- Have you had unexpected weight gain?
- Do you have a poor appetite?
- Do you have food cravings?
- Do you have a dry mouth
- Do you have unusual thirst?
- Do you have trouble sleeping?
- Do you have restless legs?

REVIEW OF SYSTEM THE SYSTEM KEEPS SCORE

(Neurologic)

- Do you have headaches at the back of your head?
- Do you have headaches at the front of your head?
- Do you have headaches of half of the head?
- Do you have any changes in smell or sensitivity to smells
- Do you have any change in taste or sensitivities to foods?
- Do you have any loss of or change in vision or sensitivity to light?
- Do you see flashing lights?

REVIEW OF SYSTEM THE SYSTEM KEEPS SCORE

(Neurologic continued)

- Do you have any loss of or changes in hearing or sensitivities to sounds?
- Do you have ringing in your ears?
- Do you have dizziness or vertigo?
- Are you sensitive to motion or changes in motion?
- Do you have tingling or numbness anywhere?
- Do you have heat or burning sensations anywhere?
- Do you have coolness or cold sensations anywhere?
- Are you sensitive to touch or pressure?

REVIEW OF SYSTEM THE SYSTEM KEEPS SCORE

(Neurologic continued)

- Do you have difficulty moving your eyes?
- Do you have difficulties with your voice or speaking?
- Do you have difficulties with chewing or swallowing?
- Do you have rigidity or difficulty moving?
- Do you have a tremor?
- Do you have balance issues or a history of falls issues?
- Do you have seizures or epilepsy?

REVIEW OF SYSTEM THE SYSTEM KEEPS SCORE

(Neurologic continued)

- Do you have attention or concentration difficulties?
- Do you have memory difficulties?
- Do you have thinking or cognitive difficulties?
- Do you have difficulty with finding or formulating words or sentences?
- Do you have difficulty understanding words or sentences?
- Do you get disoriented or lost or easily?

Total = X/100

EXAMINATION

- Physical
- Affect
- Behavior
- Cognition

THREAT

Physical Threats

- Traumas – lions, tigers and bears – oh my! People too!
attack, assault, abuse, accident, etc.
- Infections – prion, viral, bacterial, fungal, protozoan, etc.
- Toxins – pesticides, alcohol, opioids, etc.
- Radiation – x-ray, g-ray, UV?, electromagnetic? etc.
- Hunger
- Malnutrition
- Other?

THREAT

Spiritual Threats

- Emotional - attack, assault, abuse, accident, etc.
- Social – isolation, crowding, disenfranchisement, discrimination, injustice
- Financial – debt, lack of income
- Thoughts - negative

Shadow Threats

- Predictive codes – subawareness instincts and learning
- Traumatic memories – subawareness bias that bubble to awareness
- Suppression – thought compartmentalization
- Repression – emotional stuffing, Illusion of Control

EXISTENTIAL THREAT

PHYSICAL SPIRITUAL SOCIAL

PROPOSAL REVIEW OF THREAT

- Do you have a history of a major illness or major surgery?
- Do you have a history of a toxin or radiation exposure?
- Do you have a history of a chronic infection (viral, bacterial, fungal, other)?
- Do you have a history of substance use (alcohol, opioids, methamphetamines, other)?
- Do you lack a secure home or healthy food supply?

REVIEW OF THREAT

- Do you have a history of a major accident with injury?
- Do you have a history of a physical attack or abuse?
- Do you have a history of a sexual attack or abuse?
- Do you have a history of a major emotional (psychological) accident with injury?
- Do you have a history of a major emotional (psychological) attack or abuse?
- Do you experience unpleasant memories frequently?
- Do you have nightmares frequently?

REVIEW OF THREAT

- Do you feel your needs are unmet?
- Do you feel you have difficulty freely expressing yourself?
- Do you feel people don't respect you - boundaries?
- Do you feel you lack meaning or purpose?
- Do you feel lonely or isolated?
- Do you feel you lack friends, family or community?

REVIEW OF THREAT

- Do you feel disenfranchised or disconnected from opportunities?
- Do you feel discriminated against or suffer from injustice?
- Do you feel unsafe at home?
- Do you feel unsafe at school, work or in your community?
- Do you feel you have excessive or insurmountable debt?
- Do you feel you lack an adequate income?

REVIEW OF THREAT

Threat States – Fight-Flight-Freeze-Falter-Faint

- Do you frequently feel irritable or angry for no clear reason?
- Do you frequently feel worried or anxious for no clear reason?
- Do you frequently feel you are conflicted/stuck for no clear reason?
- Do you frequently feel sad or desperate for no clear reason?
- Do you frequently feel numb, empty or exhausted for no clear reason?
- Do you ever feel suicidal?

Total = X/30

SUMMARY

TO MOVE PEOPLE TO SAFETY WE NEED TO KNOW THEIR THREATS

- The review of system is a scorecard for the system – threat physiology
- The review of threat is a scorecard for the total threat load – threat location
- The combination are the most important pieces of a History and Exam
- Pain is the awareness of threat physiology
- Awareness is our “lived experience”
- The physiology of chronic threat is chronic illness, disease, pain and suffering
- Treat political and sociological illness, disease, pain and suffering to truly heal

CONCLUSION

LEVELS OF THREAT

All illness, disease, pain and suffering has threat/threat physiology at the root

We need a treatment paradigm that efficiently and with proper sequencing engages the system at all levels:

- Global level
- Societal level
- Energy?
- Molecular
- Cellular
- Autonomic
- Limbic
- Supralimbic - subawareness
- Cortical level - awareness

All levels are connected and bidirectional

