



**Men's Confidential Health History**  
**(Please Write or Print Clearly)**

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

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ How often do you check e-mail? \_\_\_\_\_

Telephone Work: \_\_\_\_\_ House: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Weight: \_\_\_\_\_ Weights Six Months Ago: \_\_\_\_\_ One Year Ago: \_\_\_\_\_

Would you like your weight to be different? \_\_\_\_\_ If so what? \_\_\_\_\_

Relationship status: \_\_\_\_\_

Children: \_\_\_\_\_ Pets: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Please list your main health concerns: \_\_\_\_\_

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Other concerns and/or goals? \_\_\_\_\_

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At what point in your life did you feel best? \_\_\_\_\_

Any serious illnesses/hospitalizations/injuries? \_\_\_\_\_

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How is/was the health of your father? \_\_\_\_\_

How is/was the health of your mother? \_\_\_\_\_

What is your ancestry? \_\_\_\_\_ What blood type are you? \_\_\_\_\_

Do you sleep well? \_\_\_\_\_ How many hours? \_\_\_\_\_ Do you wake up at night? \_\_\_\_\_

Why? \_\_\_\_\_

Any pain, stiffness or swelling? \_\_\_\_\_

Constipation/Diarrhea/Gas? Please explain: \_\_\_\_\_

Allergies or sensitivities? Please explain: \_\_\_\_\_

Do you take any supplements or medications? Please list \_\_\_\_\_

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Any healers, helpers or therapies with which you are involved? \_\_\_\_\_

What role does sports and exercise play in your life? \_\_\_\_\_

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What foods did you eat often as a child?

Breakfast

Lunch

Dinner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What's your food like these days?

Breakfast

Lunch

Dinner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will family and/or friends be supportive of your desire to make food and/or lifestyle changes? \_\_\_\_\_

Do you crave sugar, coffee, cigarettes, or have any major addictions? \_\_\_\_\_

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What percentage of your food is home cooked? \_\_\_\_\_ Do you cook? \_\_\_\_\_

Where do you get the rest from? \_\_\_\_\_

The most important thing I should change about my diet to improve my health is: \_\_\_\_\_

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Anything else you want to share? \_\_\_\_\_

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