

Heather's Healing Kitchen

Health History

Welcome to Heather's Healing Kitchen
Please provide honest and open information

Personal

| | |
|----------------------|--------------------------------|
| <i>Name:</i> | <i>Date of Birth:</i> |
| <i>Age:</i> | <i>Gender/Gender Identity:</i> |
| <i>Phone Number:</i> | <i>E-mail:</i> |
| <i>Referred By:</i> | <i>Reason for Visit:</i> |

Social

| |
|---------------------------------------|
| Who do you live with? |
| Do you have a social support system? |
| Do you have children? Pets? |
| Occupation - what do you do for work? |
| Do you like your job? |
| What do you do for FUN? |
| What are you passionate about? |

General Health

| | |
|--|--|
| Main Health Concerns | Medical Diagnosis (if any) |
| Medications | Supplements |
| Are you under a medical doctor's care? Please provide details | Do you see any other health care or wellness practitioners? Please provide details |

Nutrition

| | |
|--|---|
| Do you follow a particular dietary theory? (keto, paleo, vegan etc) | Do you have any food allergies? |
| What foods make you feel best? | What foods make you feel bad? |
| Do you cook at home? | What does a typical breakfast look like for you? |
| What does a typical lunch look like for you? | What does a typical dinner look like for you? |
| Have you ever been on a diet? If so what kind? | Did it support you in reaching your wellness goals? |
| Are you presently on a diet? | Is it supporting you in reaching your wellness goals? |

Exercise

| | | |
|----------------------------------|--|-------------------------|
| What kind of exercise do you do? | What is your favorite way to get your body moving? | How often do you do it? |
|----------------------------------|--|-------------------------|

Other

| | |
|-------------------------------------|---|
| Do you drink alcohol? | How frequently? |
| So you smoke cigarettes? | How much? |
| What is your daily caffeine intake? | Anything else you would like to share about yourself? |

Signature:

Date:

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