

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:

Heather's Healing Kitchen
157 No. Ocean Ave.
Patchogue, NY 11772
(631) 662-0841