___ / ___ / ___

Personal Health Evaluation

I. Personal Information

Name				Date of Birth
Age - -	Sex	Height	Blood Type (If known)	Weight
Address				
Phone Number	Email			

II. Diet, Nutrition and General Health Practices

How often do you consume the following? (1= Everyday, 2 = Often, 3 = Once in a while 4= Never)

Refined Sugar (white Sugar) 1 2 3 4	Dairy Products (Yogurt) 1 2 3 4	Fresh Fruits 1 2 3 4
White Flour 1 2 3 4	Pork/ Shellfish 1 2 3 4	Vegetables 1 2 3 4
Alcohol (Red wine) 1 2 3 4	Red Meat 1 2 3 4	Green Salads 1 2 3 4
Fried Foods 1 2 3 4	Chicken/ Turkey 1 2 3 4	Whole Grains 1 2 3 4
Caffeine Drinks (Coffee) 1 2 3 4	Artificial Sweeteners (Splenda) 1 2 3 4	Fresh Food 1 2 3 4

How much water do you drink each day? _____ cups.
What kind of water do you drink? (ex. tap, filtered, bottled)

How much sleep do you get each night on average? ____ hours.
How would you describe your quality of sleep?

How often do you exercise? _____ hours per _____
What do you do for exercise?

Describe your daily energy level?

How often do your bowels eliminate?

Do you feel like you are under stress? If so, what would pin point as the source of your stress.

What nutritional supplements are you currently taking?

Do you have any allergies? Yes / No
If yes, circle all that apply

FOOD

ENVIROMENT

PETS

GRASS

OTHER _____

III. Medical Information

What are your current health concerns?

List any serious illnesses or surgeries you have had in the past.

Are you experiencing swelling in your body? Yes / No
If yes, circle all the areas that apply

ANKLES

FEET

KNEE

STOMACH

UNDER EYES

FINGERS

CHIN

OTHER _____

Do you experience any of the following? (Circle all that apply)

DISCOLORATIONS

CRACKED FINGER NAILS

RIDGED OR LINED NAIL BEDS

Are you under a medical doctor's care for your condition? Yes / No
If so, what medications, drugs or therapies are you currently using?

What medications, medical procedures, supplements or therapies have you previously tried for your condition? Were any of these supplements or therapies helpful? If so, please note which ones were helpful.

Additional comments or helpful information, if any.