Health History Form

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____ Age: _____

Sex Assigned at Birth: _____ Gender Identity: _____ Preferred Pronouns: _____

Occupation: _____ Email: _____ Phone: _____

Home Address: _____

Preferred Contact Method: ◯ Phone ◯ Text ◯ Email ◯ Mail

Emergency Contact Name: _____

Relationship: _____ Phone: _____

HEALTH AND WELLNESS GOALS

What are your health and wellness goals? Why are they important to you?

PERSONAL HEALTH AND FAMILY HISTORY

Health Information

What's the most important thing you'd like to share about your health story?

Do you have any of the following? If so, please list:

- Primary care provider:
- Other physicians or specialists:
- Practitioners, therapists, healers, etc.:

Please list any supplements or medications you take:

Have you experienced any barriers or challenges to accessing healthcare?

Medical Information

Do you have any of the following? If so, please list.

- Medical diagnoses or conditions:
- History of serious illnesses, hospitalizations, injuries, or surgeries:

Family History

Describe the health of your:

- Mother:
- Father:

Is there anything from your childhood pertaining to your health you'd like to share?

Do you have any other notable family or personal health information you'd like to share?

PHYSICAL HEALTH INFORMATION

Current Weight: _____ Height: _____

Sleep:

- How many hours do you sleep per night on average?
- How would you describe your quality of sleep?

How is your energy level most days?

1	2	3	4	5
Very Low				Very High

Do you experience any pain, stiffness, or swelling on a regular basis? If so, please explain:

Do you have any of the following concerns? (Check all that apply.)

Metabolic health

- ☐ Blood Sugar Imbalances
- ☐ Elevated Blood Pressure
- ☐ Elevated Cholesterol
- ☐ Elevated Triglycerides
- ☐ Other: _____

Digestive health

- ☐ Bloating
- ☐ Constipation
- ☐ Diarrhea
- ☐ Gas
- ☐ Nausea
- ☐ Stomach Pain
- ☐ Other: _____

How many bowel movements (on average) do you have per day?

Reproductive health

- ☐ Infertility
- ☐ Irregular Menstrual Cycle
- ☐ Low Libido
- ☐ Other: _____

Hormonal health

☐ Thyroid Condition ☐ Toxin Exposure

☐ Signs or Symptoms of Hormonal Imbalance (please list) _____

Immune health

☐ Autoimmune Conditions ☐ Frequent Illness or Infection

☐ Low Vitamin D Level ☐ Allergies and Sensitivities (please list)

☐ Other: _____

Brain health

☐ Brain Fog ☐ Difficulty Concentrating ☐ Forgetfulness

☐ Other: _____

NUTRITION INFORMATION

What foods did you grow up eating?

How would you describe your past relationship or history with food? Do any specific memories about food or eating come to mind?

Describe your current relationship with food.

Do you have any food allergies or intolerances? If so, please list:

Do any of the following apply to you? (Check all that apply.)

- ☐ Challenges with Preparing Meals
- ☐ Challenges with Access to Food
- ☐ Difficulties Chewing or Swallowing
- ☐ Poor Appetite

Do you regularly use any of the following? (Check all that apply.)

- ☐ Alcohol
- ☐ Tobacco Products
- ☐ Other Substances: _____

Do you follow a specific eating approach/practice for personal, health, or religious reasons (e.g., vegan, ketogenic, kosher)? If so, please explain:

What does a typical day of eating look like for you? List a few foods/meals and drinks you usually consume in the corresponding categories:

Breakfast	Lunch
Dinner	**Snacks**

What, if anything, would you like to change about your nutrition?

MENTAL AND EMOTIONAL HEALTH INFORMATION

How would you describe your overall mental and emotional health?

How do you like to support your mental health?

How do you cope with stress?

Using a 1–5 scale (where 1 = never and 5 = always), rate how often you experience each of the following:

Anger ____ Excitement ____ Fear ____ Joy ____ Love ____

Sadness ____ Stress ____ Worry ____

SPIRITUAL HEALTH INFORMATION

What role does spirituality play in your life, if any?

LIFESTYLE INFORMATION

What are the important relationships in your life?

Is there anything you'd like to share about your social life? If so, please explain:

Who do you live with, if anyone?

How many hours per week do you typically work?

What hobbies or recreational activities do you enjoy?

What role does movement, including sports, exercise, and physical activity, play in your life?

ADDITIONAL COMMENTS

Is there anything else you'd like to share?