

KelthyForLife
Confidential Health History
Please write or print clearly

Name: _____

Address: _____

Email address: _____ How often do you check email? _____

Telephone – Home: _____ Cell: _____
Work: _____

Age: _____ Height: _____ Date of Birth: _____ Place of Birth: _____

Current weight: _____ Weight six months ago: _____ One year ago: _____

Would you like your weight to be different? _____ If so, what? _____

Relationship status: _____ Children? _____

Occupation: _____ Hours of work per week: _____

Please list your main health concerns: _____

Other concerns? _____

Any serious illness/hospitalizations/injuries? _____

How is the health of your mother?

How is the health of your father?

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?

(This section for women only)

Are your periods regular?

How many days is your flow?

How frequent?

Painful or symptomatic?

Please explain:

Birth control history:

Vaginal infections, reproductive concerns?

Constipation/Diarrhea gas?

Explain:

How do you feel mentally most days (sad, depressed, anxious, hopeless, happy, joyful etc.?)

Do you take any supplements or medications?

Please list:

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

Please list:

What role do sports and exercise play in your life?

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

What percentage of your food is home cooked?

What percentage is not?

Where do you get the rest from?

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

Anything else you would like to share?