

## CONFIDENTIAL HEALTH HISTORY

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Birthdate: \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Gender: \_\_\_\_\_

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

### SOCIAL INFORMATION

Occupation \_\_\_\_\_ Hours of work per week \_\_\_\_\_

### HEALTH INFORMATION

Please list your main health concerns:

---

---

---

Other concerns you would like to address and/or goals.

---

---

---

Any serious illnesses/hospitalizations/injuries? How long ago?

---

---

---

What is your blood type? \_\_\_\_\_

How is your sleep? \_\_\_\_\_ How many hours? \_\_\_\_\_

Do you wake up at night? \_\_\_\_\_ Why? \_\_\_\_\_

Any pain, stiffness or swelling? \_\_\_\_\_

Constipation/Diarrhea/Gas? \_\_\_\_\_

Allergies or sensitivities? \_\_\_\_\_

## MEDICAL INFORMATION

What supplements and medications do you currently take on a regular basis?

---

---

---

---

---

---

Do you get treatment from any natural healers, chiropractor, acupuncture, reiki, etc....?

---

---

---

What role does sports and exercise play in your life?

---

---

---

## FOOD INFORMATION

What do you usually eat for breakfast, lunch, and dinner?

---

---

---

What do you drink?

---

---

---

What percent of daily food comes from home? \_\_\_\_\_ From Restaurants? \_\_\_\_\_

Do you crave sugar, coffee, cigarettes, caffeine, or anything else?

---

---

---

The most important thing I should change about my diet to improve my health is:

---

---

---

Anything else you would like to share?

---

---

---

---

---

---