

# Integrated Coaching & Well-Being Health History

=====

All your information will remain confidential between you and your Health Coach

## PERSONAL INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current weight: \_\_\_\_\_ Weight six months ago: \_\_\_\_\_ One year ago: \_\_\_\_\_

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

## SOCIAL INFORMATION

Relationship  
status : \_\_\_\_\_

Where do you currently live? \_\_\_\_\_

Children: \_\_\_\_\_ Pets: \_\_\_\_\_

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

## HEALTH INFORMATION

Please list your main health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other concerns and/or goals? \_\_\_\_\_

\_\_\_\_\_

At what point in your life did you feel best? \_\_\_\_\_

\_\_\_\_\_

Any serious illnesses/hospitalizations/injuries? \_\_\_\_\_

\_\_\_\_\_

## HEALTH INFORMATION (continued)

How is/was the health of your  
mother \_\_\_\_\_

How is/was the health of your father?

\_\_\_\_\_

What is your ancestry? \_\_\_\_\_ What blood type are you? \_\_\_\_\_

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? Please explain: \_\_\_\_\_

## MEDICAL INFORMATION

Do you take any supplements or medications? Please list:

\_\_\_\_\_

Any healers, helpers, or therapies with which you are involved? Please list: \_\_\_\_\_

\_\_\_\_\_

What role does sports and exercise play in your life?

\_\_\_\_\_

## FOOD INFORMATION

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will family and/or friends be supportive of your desire to make food and/or lifestyle changes?

Do you cook? \_\_\_\_\_ What percentage of your food is home-cooked? \_\_\_\_\_

Where do you get the rest from? \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**ADDITIONAL COMMENTS**

Anything else you would like to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_