HEALTH HISTORY

Please write or print clearly. All of your information will remain confidential between you and the Health Coach.

PERSONAL INFORMATION

First Name:_____

Last Name:_____

Email:_____ How often do you check email?_____

Phone: Home: _____ Work: _____ Mobile: _____

Age: _____ Height: _____ Birthday: _____ Place of birth: _____

Current Weight: _____ Weight 6 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 or goals? _____

_____

At what point in your life did you feel best? _____

Any serious illnesses/hospitalizations/injuries? _____

_____

How is/was the health of your mother? _____

How is/was the health of your father? _____

What is your ancestry? _____ What is your blood type? _____

How is your sleep? _____ How many hours? _____ Do you wake up at night? _____

Why? _____

Any pain, stiffness, swelling? _____

Constipation/diarrhea/gas? _____

Allergies or sensitivities? Please explain:_____

MEDICAL INFORMATION

Do you take any supplements or medicatins? Please list:_____

_____

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

_____

What role does sports and exercise play in your life? _____

_____

Family Physician Name:_____ Phone: _____

FOOD INFORMATION

What foods did you eat often as a child?

Breakfast	Lunch	Dinner	Snacks	Liquids
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is your food like these days?

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? _____

_____

_____

_____