

Any serious illnesses/hospitalizations/injuries? _____

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

Other concerns and/or goals? _____

Please list your main health concerns: _____

HEALTH INFORMATION

Occupation: _____ Hours of work per week: _____

Children: _____ Pets: _____

Where do you currently live? _____

Relationship status: _____

SOCIAL INFORMATION

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

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

Age: _____ Height: _____ Birthdate: _____ Place of Birth: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____ How often do you check email? _____

Last Name: _____

First Name: _____

PERSONAL INFORMATION

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

Men's Health History



What role do sports and exercise play in your life?

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

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

MEDICAL INFORMATION

_____ Allergies or sensitivities? Please explain:

_____ Constipation/Diarrhea/Gas?

_____ Any pain, stiffness, or swelling?

_____ Why?

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

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

_____ How is/was the health of your father?

_____ How is/was the health of your mother?

HEALTH INFORMATION (continued)

Anything else you would like to share?

ADDITIONAL INFORMATION

The most important thing I should do to improve my health is:

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

Where do you get the rest from?

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

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

What is your food like these days?

What foods did you eat often as a child?

FOOD INFORMATION

