

Other concerns and/or goals?

Please list your main health concerns:

HEALTH INFORMATION

What is your retirement plan?

Occupation: Hours of work per week:

Grandchildren:

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: Date of Birth: Place of Birth:

Best number to reach you:

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.

Senior Health History



Are you part of a community? Please explain: _____

Do you still feel independent? Please explain: _____

What is your energy like? _____

What role does 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? _____

Any serious illnesses/hospitalizations/injuries? _____

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

HEALTH INFORMATION (continued)

Senior Health History



_____ 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?

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Breakfast Lunch Dinner Snacks Liquids

What is your food like these days?

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Breakfast Lunch Dinner Snacks Liquids

What foods did you eat often as a child?

FOOD INFORMATION

Senior Health History



Anything else you would like to share?

ADDITIONAL COMMENTS

Senior Health History

