

## GENERAL HEALTH HISTORY

This evaluation provides a “snapshot” of your current past and current health status along with your eating habits to determine if you should incorporate changes into your approach to health and wellness.

### PERSONAL

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_

How often do you check your email? \_\_\_\_\_ Rarely/Often

Current Weight: \_\_\_\_\_ Weight Six Months Ago: \_\_\_\_\_ Weight One Year Ago: \_\_\_\_\_

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

### SOCIAL

Relationship Status: \_\_\_\_\_

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

Any children? \_\_\_\_\_ Any pets? \_\_\_\_\_

Occupation: \_\_\_\_\_ How many hours do you work per week? \_\_\_\_\_

### GENERAL HEALTH

What are your main health concerns? \_\_\_\_\_

\_\_\_\_\_

Any other concerns and/or goals? \_\_\_\_\_

\_\_\_\_\_

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

Any current or previous serious illnesses, hospitalizations, or injuries? \_\_\_\_\_

\_\_\_\_\_

How is/was your mother's health? \_\_\_\_\_

How is/was your father's health? \_\_\_\_\_

How is your sleep? \_\_\_\_\_ How many hours do you sleep per night? \_\_\_\_\_

Do you wake up during the night? If so, why? \_\_\_\_\_

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

**GENERAL HEALTH HISTORY**

Any constipation, diarrhea, or gas? \_\_\_\_\_

Any allergies or sensitivities? \_\_\_\_\_

**MEDICAL**

List all supplements or medications: \_\_\_\_\_

Are you involved with any healers, helpers, or therapies? \_\_\_\_\_

What role do sports and exercise play in your life? \_\_\_\_\_

**FOOD**

Will your family and 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 does your non-home-cooked food come from? \_\_\_\_\_

What foods did you eat often as a child?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What foods do you typically eat these days?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

What is the most important thing you should change about your diet to improve your health? \_\_\_\_\_