



Health History

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

PERSONAL INFORMATION

First name: _____

Last name: _____

Email: _____

Home phone: _____ Cell: _____

Age: _____ Height: _____ Birthday: _____

Place of birth: _____

Current weight: _____ Weight 6 months ago: _____

1 year ago: _____ Ideal weight: _____

SOCIAL INFORMATION

Relationship status: _____

Where do you currently live: _____

Children: _____ Pets: _____

Occupation: _____ Hours of work: _____

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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/hospitalization/injuries?

How is/was the health of your mother? _____

How is/was the health of your father? _____

What blood type are you? _____ How is your dental health? _____

How is your sleep? _____ How many hours? _____

Do you wake up at night? If so, why? _____

Any pain, stiffness or swelling? _____

Constipation/diarrhea/gas? _____

Allergies or sensitivities? _____

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WOMEN'S HEALTH

Are your periods regular? _____ How many days? _____

Painful or symptomatic? Please explain: _____

Birth control history: _____

Do you experience yeast infections or urinary tract infections? Please explain:

MEDICAL INFORMATION

Do you take any supplements or medication? Please list:

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

What role do sports and exercise play in your life?

FOOD INFORMATION

What foods did you eat often as a child?

What is your food like these days?

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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 do to improve my health is:

Additional comments:

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