

Men's Confidential Health History

Please print clearly

Name: _____

Preferred e-mail to contact: _____

Telephone – Home: _____ Cell: _____

Height: _____ Current weight: _____ Weight 6 months ago: _____ 1 Year ago: _____

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

Relationship status: _____

Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

List your main health concerns: _____

Other concerns: _____

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

Serious illnesses / hospitalizations / injuries? _____

Do you have pain, stiffness, swelling? _____ If so, where? _____

How is/was the health of your mother? _____

How is/was the health of your father? _____

What is your ancestry? _____ Blood type? _____

Do you sleep well? _____ How many hours? _____ Do you awaken? _____ Avg # times? _____

Allergies or sensitivities? Please explain: _____

Do you have current lab results within the last 3 months? _____ If not, when? _____

Medications list if any: _____

Supplements list if any: _____

Herbs, Essential oils if any: _____

Healers or therapies you are currently working with? _____

List of exercises if any? _____

Who is your current support team? _____

Do you crave sugar, coffee, or have major addictions? _____

How much alcohol a week, beer, wine, liquor? _____

What foods did you often eat as a child?

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

What foods do you eat now?

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

Do you cook? _____ what percentage of your food is home cooked? _____

Where do you get the rest from? _____

What is the most important thing you need to change about your diet to improve your health?

Anything else you'd like to share? _____