

HEALTH HISTORY



Reset your gut health
90-day coaching course

PERSONAL

First Name: _____

Last Name: _____

Age: _____ Height: _____ Date of Birth: _____ Place of Birth: _____

Email: _____

How often do you check your email?: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Current Weight: _____ Weight 6 Months Ago: _____

Weight 1 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?

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

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? _____

Any constipation, diarrhea, or gas? _____

Any allergies or sensitivities? _____

MEDICAL

List all supplements or medications:

Are you presently receiving alternative treatment therapies ?
ie massage ,acupuncture, herbal medicine, etc.

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?

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Liquids _____

What foods do you typically eat these days?

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Liquids _____

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

What is the most important thing you would like to change in your diet right now?

ADDITIONAL COMMENTS
