



Adult Wellness & Nutrition Health History

Please write or print clearly. All of your information will remain confidential between you and the Health Practitioner.

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Email: _____ How often do you check email? _____

Phone: Home: _____ Work: _____ Mobile: _____

Age: _____ Height: _____ Birthdate: _____ Place of Birth: _____

Current weight: _____ Weight six months ago: _____ One year ago: _____

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

SOCIAL INFORMATION

Relationship status: _____

Where do you currently live?

Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

Do you have a large or small group of friends? _____

What do you do for fun? _____

What is your favorite sport or activity? _____

What are fun things you do with family? _____

What are your favorite things to do when you are alone? _____



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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/hospitalizations/injuries? _____

How is/was the health of your mother? _____

How is/was the health of your father? _____

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

How is your sleep? _____ How many hours? _____ Do you wake up at night? _____

Why? _____

Any pain, stiffness, or swelling? _____

Constipation/Diarrhea/Gas? _____

Allergies or sensitivities? Please explain: _____

WOMEN'S HEALTH

Are your periods regular? _____ How many days is your flow? _____ How frequent? _____

Painful or symptomatic? Please explain: _____

Reached or approaching menopause? Please explain: _____

Birth control history: _____

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



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MEDICAL INFORMATION

Do you take any supplements or medications? Please list: _____

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

What role do sports and exercise play in your life? _____

FOOD INFORMATION

What do you eat for breakfast? _____

What do you eat for lunch? _____

What do you eat for dinner? _____

What do you eat for snacks? _____

What do you drink? _____

What foods do you wish you could eat more often? _____

What food do you wish you never had to eat again? _____

What do you want to learn about your body and about food? _____



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FOOD INFORMATION (continue)

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

Anything else you would like to share? _____



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