Men's Confidential Health History Please write or print clearly

Name:				
Address:				
Email address:		How often do you check email?		
Telephone – Work:	Home:	Cell:		
Age: Height: _	Date of Birth:	Place of Birth:		
Current weight:	Weight six months ago:	One year ago:		
Would you like your weight	to be different?	If so, what?		
Relationship status:				
Children:		Pets:		
Occupation:		Hours of work per week:		
Please list your main health	concerns:			
Other concerns and/or goals	s?			
At what point in your life did	you feel best?			
Any serious illnesses/hospit	talizations/injuries?			
How is/was the health of yo	ur father?			
How is/was the health of yo	ur mother?			
What is your ancestry?		What blood type are you?		
Do you sleep well?	How many hours?	Do you wake up at night?		
Why?				
Constipation/Diarrhea/Gas?				
Allergies or sensitivities? Ple	ease explain:			

Do you take any supplements or medications? Please list:							
Any healers, helpers or therapies with which you are involved? Please list:							
What role does sport	s and exercise play i	n your life?					
What foods did you eat often as a child?							
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>			
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What's your food like	-	D	0	11. 11.			
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>			
Will family and/or friends be supportive of your desire to make food and/or lifestyle changes?							
Do you crave sugar, coffee, cigarettes, or have any major addictions?							
What percentage of your food is home cooked? Do you cook?							
Where do you get the	e rest from?						
The most important thing I should change about my diet to improve my health is:							