



Health History Form

Name _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Cell phone _____ Other phone _____

Height _____ Weight _____ Date of Birth _____ Marital Status _____ Blood Type _____

Occupation _____ Age _____ Sex _____ No. of Children _____

Email address: _____ Sign me up for the Nutrition and Health Center email newsletter to be the first to know about product and service specials, educational health information, recipes, nutrition tips, upcoming nutrition education workshops and more!

How did you hear about us? _____

List current health problems for which you are being treated: _____

What are your current health goals: _____

Current supplements, prescriptions or over-the-counter drugs:

Product Name	Reason for taking	Drug Name	Reason for taking
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Major hospitalizations, surgeries, injuries: Please list all procedures, complications (if any) and dates:

Year	Surgery, illness or injury	Year	Surgery, illness or injury
_____	_____	_____	_____
_____	_____	_____	_____

Circle the level of stress you are experiencing on a scale of 1-10 (1 being the lowest)

Identify the major causes of stress (e.g. changes in job, work, residence or finances, legal problems)

Do you consider yourself _____ Underweight _____ Overweight _____ Just right My goal weight is _____

Is your job associated with potentially harmful chemicals (e.g. pesticides, radioactivity, solvents) or health and/or life threatening activities (e.g. fireman, etc.)? _____

Health Habits

- Cigarettes/day__
- Cigars/day__
- Wine glasses/day__
- Liquor ounces/day__
- Beer glasses/day__
- Coffee cups/day__
- Tea cups/day__
- Soda/day__
- Diet soda/day__
- Water glasses/day__

Energy & Vitality Goals

- Have more energy
- Have more endurance
- Be less tired
- Sleep better
- Be free of pain
- Get fewer colds and flu
- Get rid of allergies
- Not be dependent on medications
- Stop using laxatives and stool softeners
- Improve sex drive

Stress Management Goals

- Learn how to reduce stress
- Think more clearly and be more focused
- Improve memory
- Be less depressed
- Be less moody
- Be less indecisive
- Feel more motivated



Where do you envision your health in 6 months? 12 months?

Can you envision yourself as being healthy, happy and free from your present health challenges at some point in the future? _____ If yes, how long do you see this process taking?

Do you believe there is any purpose to your present signs and symptoms? Is there a possible message or positive intent associated with them?

What behavior or lifestyle habits do you currently engage in regularly that you believe support your health?

What current behaviors or lifestyle habits do you engage in that may be detrimental to your health?
Option--What can you change to improve the way you feel?

What do you perceive as my responsibility with respect to your healthcare? How do you believe I may best assist you in attaining better health?

What do you perceive your role or responsibility is with respect to your healthcare?

What is your present level of commitment to learn and implement the healthy changes which will improve your health and well-being (rate from 1 to 10) _____ If below 8, what will it take to increase your level of commitment?

What resources do you currently allocate to your health and well-being? How much of your monthly income are you willing to invest in obtaining optimal health?

What obstacles do you see and/or feel exist to your achieving superior health and happiness?

Thank you for your time and thoughtfulness in completing the above questionnaire. Your responses will greatly assist my understanding of your desires and needs.