

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Gender \_\_\_\_\_ Number of Children \_\_\_\_\_

Marital Status:  Single  Partner  Married  Separated  Divorced  Widower(er)

Have you tried any of the alternative therapies listed below for your current health concern(s)? Check all that apply

- Diet modification  Fasting  Vitamins/minerals  Herbs  Homeopathy  Chiropractic  Acupuncture  Conventional drugs  
 Other \_\_\_\_\_

The level of stress you are experiencing on a scale of 1 to 10 (1 being the lowest):

Identify the major causes of stress (e.g., changes in job, residence, or finances): \_\_\_\_\_

Do you consider yourself:  Underweight  Overweight  Healthy weight \_\_\_\_\_

Have you lost weight in the past? How much? When? Is weight loss one of your current goals?

Occupation \_\_\_\_\_

Is your job associated with potentially harmful chemicals or conditions (e.g., pesticides, radioactivity, solvents) and/or life threatening activities (e.g., fire fighter, police officer, etc.)?

How many hours of sleep do you get per night on average? \_\_\_\_\_

Do you feel refreshed upon waking? \_\_\_\_\_

Have you ever fasted, completed a juice cleanse, or detox? Yes  No  If yes, how many days? \_\_\_\_\_

How ready and willing are you on a scale of 1 to 10 (1 being the lowest) to make lifestyle changes to improve your health?

## Health Habits

- Tobacco/nicotine products \_\_\_\_\_/day  
 Alcohol  
 Wine \_\_\_\_\_ 5 oz glass(es)/day  
 Liquor \_\_\_\_\_ 1.5 oz drink(s)/day  
 Beer \_\_\_\_\_ 12 oz can(s)/day  
 Other \_\_\_\_\_ oz/day  
 Caffeine  
 Coffee \_\_\_\_\_ 6 oz cup(s)/day  
 Tea \_\_\_\_\_ 6 oz cup(s)/day  
 Soda w/caffeine \_\_\_\_\_ 12 oz can(s)/day  
 List other sources (i.e., energy drinks) and how much \_\_\_\_\_  
 All other sweetened beverages (natural and artificial) \_\_\_\_\_ oz/day  
 Water/sparkling water \_\_\_\_\_ oz/day

## Exercise

- Walk \_\_\_\_\_ mins \_\_\_\_\_ days/wk  
 Run/jog/other aerobic activity \_\_\_\_\_ mins \_\_\_\_\_ days/wk  
 Weight lift \_\_\_\_\_ mins \_\_\_\_\_ days/wk  
 Stretch \_\_\_\_\_ mins \_\_\_\_\_ days/wk  
 Other activity \_\_\_\_\_ mins \_\_\_\_\_ days/wk

## Nutrition and Diet

- Omnivore  
 Vegetarian  
 Vegan  
 Salt restriction  
 Fat restriction  
 Starch/carbohydrate restriction  
 Low glycemic diet  
 Total calorie restriction  
 Paleo diet

Specific food restrictions based on allergies/cultural preferences

- Dairy  Wheat  Eggs  
 Soy  Corn  All gluten  
 Other \_\_\_\_\_

## Food Frequency

- Number of servings per day  
 Fruits \_\_\_\_\_  
 Vegetables \_\_\_\_\_  
 Grains \_\_\_\_\_  
 Beans, peas, legumes \_\_\_\_\_  
 Dairy \_\_\_\_\_  
 Eggs \_\_\_\_\_  
 Meat, poultry, fish \_\_\_\_\_

## Eating Habits

- Skip meals (which ones) \_\_\_\_\_  
 Graze (small frequent meals)  
 Eat on the run  
 Eat constantly whether hungry or not  
 Dining out \_\_\_\_\_ times/wk  
 Fast food \_\_\_\_\_ times/wk

## Current Supplements

- Multivitamin/mineral  
 Vitamin C  
 Vitamin E  
 Vitamin D  
 Fish oil  
 Evening primrose/GLA  
 Calcium  
 Magnesium  
 Zinc

- Probiotics  
 Digestive enzymes  
 CoQ<sub>10</sub>  
 Antioxidants  
 Fiber supplements  
 Herbal products \_\_\_\_\_  
 Homeopathic remedies \_\_\_\_\_  
 Protein shakes \_\_\_\_\_  
 Liquid meals \_\_\_\_\_  
 Other \_\_\_\_\_

## I would like to: (choose all that apply)

- Feel more vital  
 Have more energy  
 Have more endurance  
 Be less tired after lunch  
 Sleep better  
 Be free of pain  
 Get fewer colds and flu  
 Get rid of allergies  
 Not be dependent on over-the-counter medications like aspirin, ibuprofen, antihistamines, sleeping aids, acid blockers, etc.  
 Stop using laxatives and stool softeners  
 Improve my sex drive

## Lose Weight or Improve Body Composition

- Lose weight  
 Lose fat  
 Be stronger  
 Increase muscle tone  
 Improve balance  
 Be more flexible

## Stress: Mental and Emotional

- 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

## Life Enrichment

- Reduce my risk of chronic disease  
 Slow down accelerated aging  
 Maintain a healthier life longer  
 Reduce risk for diseases that run in my family

## Which 3 are most important to you?

- 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

Additional comments