

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

PERSONAL INFORMATION

First Name:					
Last Name:					
Email:		How often do you check email?			
Phone: Home:		Mobile:			
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?		
Why did you come for a Health History?					

SOCIAL INFORMATION

What is your relationship status?			
What grade are you in?		Do you enjoy school? Please explain:	
Do you have a large or small group of friends?			

HEALTH INFORMATION

Please list your main health concerns:			
Other concerns?			
Any serious illnesses/hospitalizations/injuries?			
How is/was the health of your mother?			
How is/was the health of your father?			
Where do your parents and grandparents come from?			

HEALTH INFORMATION (continued)

How is your sleep?		How many hours?		Do you wake up at night?	
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Why ?	
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Constipation/Diarrhea/Gas? Please explain:	
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Allergies or sensitivities? Please explain:	
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MEDICAL INFORMATION

Do you take any supplements or medications? Please list:	
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Do you have any healers, helpers, therapies, or pets? Please list:	

What role does exercise, sports, and activities play in your life?	

FOOD INFORMATION

What foods did you eat often as a child?
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<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>

What is your food like these days?

<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?	
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FOOD INFORMATION (continued)

What percentage of your food is home-cooked?		Do you enjoy the food?	
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Where do you get the rest from?	
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Do you crave sugar, coffee, cigarettes, or drugs? Please explain?	

The most important thing I should do to improve my health is:	

ADDITIONAL INFORMATION

Anything else you would like to share?	