Men's Confidential Health History Please write or print clearly

Name:				
Address:				
Email address:			How often do you check email?	
Telephone – V	Vork:	Home:	Cell:	
Age:	Height:	Date of Birth:	Place of Birth:	
Current weigh	rent weight: Weight six months ago:		One year ago:	
Would you like	e your weight to	be different?	If so, what?	
Relationship s	tatus:			
Children:			Pets:	
Occupation:			Hours of work per week:	
Please list you	ur main health c	oncerns:		
At what point i	n your life did y	ou feel best?		
How is/was th	e health of your	father?		
			What blood type are you?	
Do you sleep	well?	How many hours?	Do you wake up at night?	
Why?				
Any pain, stiffr	ness or swelling	?		
Constipation/E	Diarrhea/Gas? F	Please explain:		
Allergies or se	ensitivities? Plea	se 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 sports and exercise play in your life?								
What foods did you eat often as a child?								
<u>Breakfast</u>	Lunch	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>				
What's 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?								
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								
The most important thing I should change about my diet to improve my health is:								
Anything else you want to share?								