Men's Confidential Health History Please write or print clearly

Name.				
Address:				
				ı check email?
Telephone – Work:		Home:		Cell:
Age: He	eight: Date of B	irth:	Place of Birth	n:
Current weight:	Weight six	months ago:		One year ago:
Would you like your	weight to be different?	If so, what?		
Relationship status:				
Occupation:			H	Hours of work per week:
Please list your mai	n health concerns:			
Any serious illnesse	s/hospitalizations/injuries′	?		
How is/was the hea	th of your father?			
How is/was the hea	th of your mother?			
What is your ances	ry?		V	What blood type are you?
Do you sleep well?	How man	y hours?	Do you w	/ake up at night?
	ea/Gas? Please explain:			
Allergies or sensitiv	ties? Please 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?								
Breakfast	<u>Lunch</u>	<u>Dinner</u>	Snacks	<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 rest from?								
The most important thing I should change about my diet to improve my health is:								
Anything else you want to share?								