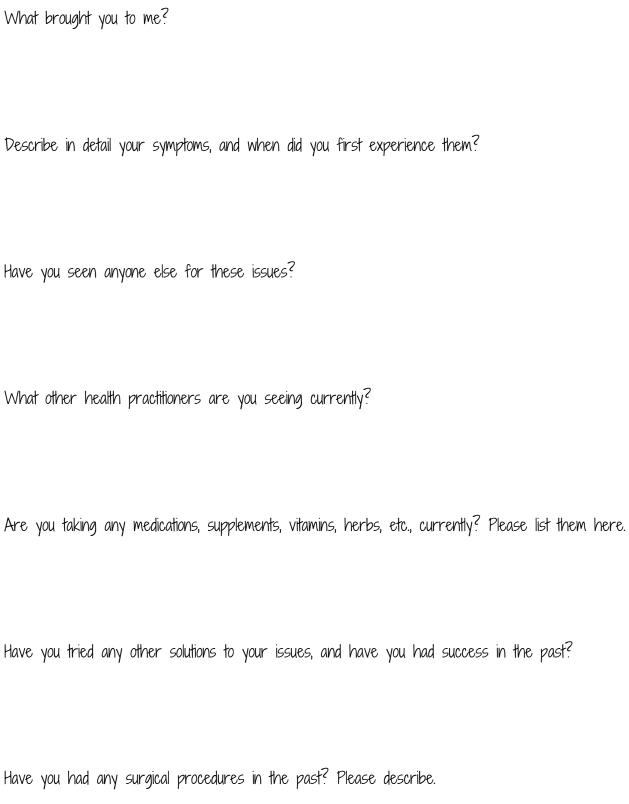
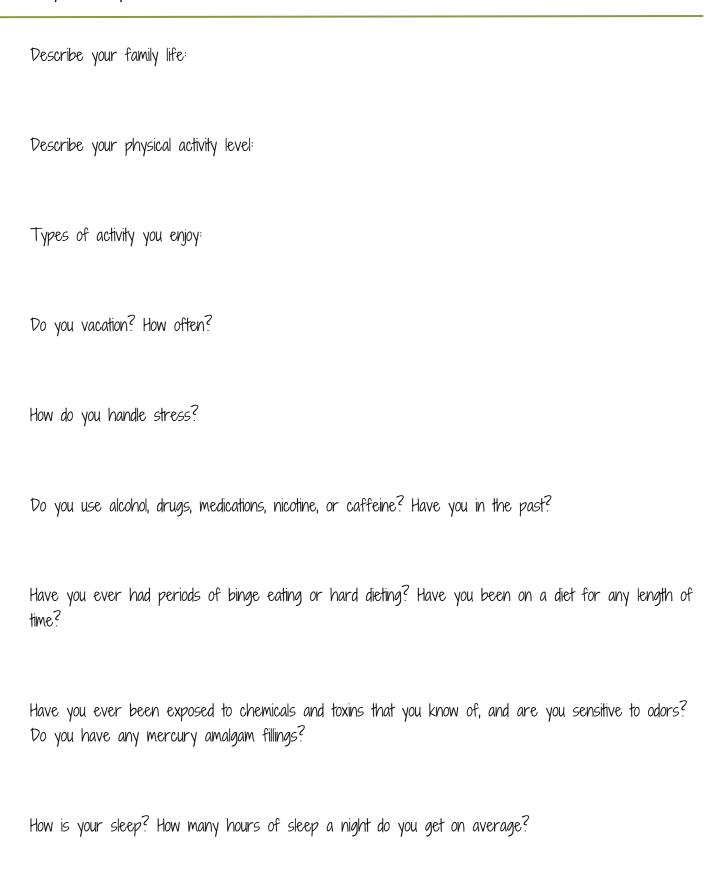


Health History

Your Information:		
Name:		
Street Address:		
City, State, & Zip:		
Phone Number:		
Email Address:		
Age:		
Gender:		
Date of Birth:		
Height:		
Weight:		
Tell me more about you:		
Children:		
Occupation:		
ldeal Weight:		
Weight One Year Ago:		



Have you travelled outside of the United States	? When and where?
How often have you taken antibiotics? (As a c	hild, teen, or adult.)
Have you experienced any major life changes	or losses in life? Please describe.
Have any family members experienced any sim	nilar health issues as you are experiencing now?
How is the health of your parents? Grandpare	ents & siblings?
Have you in the past or do you currently have	e any of the following health issues?
Cancer	□ Kidney Disease
□ Heart Disease	□ Thyroid Disease
Hepatitis	 Depression
□ Venereal Disease	□ Asthma
Diabetes	□ Allergies
□ High Blood Pressure	□ Anemia
□ High Cholesterol	□ Chronic Yeast Infections
Other	□ Skin Issues



F	For Women: How are/were your periods?		
	Do you or did you have PMS? Please describe?		
	Do you have frequent yeast infections or UTIs?		
	Are you currently on birth control? Please describe.		
	Have you ever had problems getting pregnant?		

Mental Health:

Do you suffer from depression or anxiety?

How is your energy overall?

Do you have symptoms after eating, like bloating, pain, gas, brain fog, rashes?
Are there any foods that you know you are sensitive to? Or are there any foods that you avoid because they make you feel bad? Please describe.
Are there any foods that you crave? What kinds?
Describe your eating at the beginning of your health issues?
Are you currently on any special diet?
Do you eat out frequently, or do you cook your meals at home?
How are your bowel movements?

Miscellaneous	Information:
1.1120011011100012	

At what point in your life did you feel best? Describe.
Do you have supportive friends and family? Who would be most supportive to you while making lifestyle changes?
What is the one thing you enjoy most about your life?
What are your goals and aspirations for our time together? & what is your why for these goals and aspirations?
What do you hope to get out of our work together?
If you could change one thing about yourself, what would it be?
What are any stumbling blocks that would prevent you from attaining your goals?
Is there any other information that you think would be helpful?