

Health History

Name: _____

Address: _____

E-mail: _____ Telephone: _____

Date of Birth: _____ Place of Birth: _____

Primary Physician: _____ Telephone: _____

What is your chief concern? _____

Where were you raised? _____ Health as a child? _____

How is the health of your mother? Death/Cause: _____

How is the health of your father? Death/Cause: _____

Health of siblings, if any? _____

Serious illness/hospitalizations/injuries (provide dates): _____

Relationship Status: _ _____

Children (number & ages): _ _____

Occupation: _ _____

On a scale of 1-10, rate how stressful your life is today _ 1 yr ago _ 5 yrs ago

Do you sleep well? _____ Do you wake up at night? _____ What times? _____

To urinate? _____ Other? _____ What time do you generally get up in the morning? _____

Are there times during the day that your energy is low? _____

Constipation/Diarrhea? _____

Women: Are your periods regular? _____ How many days is your flow? _____

How frequent? _____ Painful or symptomatic? _____

List any supplements or medications you are taking: _____

When was the last time you took antibiotics? _____ For what illness? _____

Do you have any food allergies or sensitivities? _____

Do you have environmental or seasonal sensitivities? _____

Are there any healers, helpers or therapies with which you are involved? _____

Do you exercise? _____

Coffee (times/day): _____ Cigarettes? _____ Alcohol? _____

Which meals for you are home cooked and how frequently? _____

Where do you get the rest of your meals from? _____

Is there anything else I need to know? _____

Whom can I thank for referring you to me? _____

I understand that this consultation is a wellness consultation, which includes evaluating the eating habits and nutrition, exercise, emotional wellbeing, and may include recommendations for other healing modalities as necessary. I also understand that this consultation is informational and for educational purposes only. It is not intended to diagnose or cure any ailment or disease. I am fully responsible for how I apply the information received.

Signature

Date

Name