

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? \_\_\_\_\_

Why? \_\_\_\_\_

Constipation/Diarrhea/Gas? Please explain: \_\_\_\_\_

Allergies or sensitivities? Please explain: \_\_\_\_\_

**MEDICAL INFORMATION**

Do you take any supplements or medications? Please list: \_\_\_\_\_

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?

<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? \_\_\_\_\_

**FOOD INFORMATION** (continued)

What percentage of your food is home-cooked? \_\_\_\_\_ Do you enjoy the food? \_\_\_\_\_

Where do you get the rest from? \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_