



Men's Confidential Health History

Please write or print clearly

Name: _____

Address: _____

Email address: _____ How often do you check email? _____

Telephone – Work: _____ Home: _____ Cell: _____

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? _____

Relationship status: _____

Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

Please list your main health concerns: _____

Other concerns and/or goals? _____

At what point in your life did you feel best? _____



Any serious illnesses/hospitalizations/
injuries? _____

How is/was the health of your father? _____

How is/was the health of your
mother? _____

What is your ancestry? _____

What blood type are you? _____

Do you sleep well? _____

How many hours? _____

Do you wake up at night? _____

Why? _____

Any pain, stiffness or swelling? _____

Constipation/Diarrhea/Gas? Please explain: _____

Allergies or sensitivities? 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

Lunch

Dinner

Snacks

Liquids



What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

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? _____

