## Women'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 b	pe different?	If so, what?		
Relationship status:				
Children:		Pets:		
Occupation:	Hours of work per week:			
Please list your main health co	ncerns:			
Other concerns and/or goals?				
-				
At what point in your life did yo	u feel best?			
Any serious illnesses/hospitaliz	zations/injuries?			
How is/was the health of your r	mother?			
How is/was the health of your f	ather?			
What is your ancestry?		What blood type are you?		
Do you sleep well?	How many hours?	Do you wake up at night?		
Why?				
		r flow? How frequent?		
Painful or symptomatic? Please	e explain:			

Birth control history:							
Do you experience yeast infections or urinary tract infections? Please explain:							
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:							
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What rale does aparts and eversing play in your life?							
What role does sports and exercise play in your life?							
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'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?							
What percentage of your food is home cooked? Do you cook?							
Where do you get the rest from?							
Do you crave sugar, coffee, cigarettes, or have any major addictions?							
The most important thing I should change about my diet to improve my health is:							
Anything else you want to share?							