Men's Confidential Health History Please write or print clearly

		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:			
		Pets:	
Occupation:		Hours of work per week:	
Please list your main health c	oncerns:		
At what point in your life did yo	ou feel best?		
How is/was the health of your	father?		
-			
How is/was the health of your What is your ancestry?	mother?	What blood type are you?	
How is/was the health of your What is your ancestry? Do you sleep well?	mother? How many hours?	What blood type are you? Do you wake up at night?	
How is/was the health of your What is your ancestry? Do you sleep well? Why?	mother? How many hours?	What blood type are you? Do you wake up at night?	
How is/was the health of your What is your ancestry? Do you sleep well? Why?	mother? How many hours? ? 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?							
<u>Breakfast</u>	Lunch	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>			
What's your food like these days?							
<u>Breakfast</u>	Lunch	Dinner	<u>Snacks</u>	<u>Liquids</u>			
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?							