



## Men's Confidential Health History

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 mother? \_\_\_\_\_

How is/was the health of your father? \_\_\_\_\_

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: \_\_\_\_\_

How many bowel movements per day? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

