# HEALTH HISTORY

*Health coaching form*

# HEALTH HISTORY

FIRST NAME: ______

LAST NAME: ______ GENCER: ______

AGE: ______ HEIGHT: ______ DATE OF BORTH: ______ PLACE OF BIRTH: ______

EMAIL: ______ MOBILE PHONE: ______

CURRENT WEIGHT: ______ WEIGHT SIX MONTHS AGO: ______ WEIGHT 1 YEAR AGO: ______

WOULD YOU LIKE YOUR WEIGHT TO BE DIFFERENT? ______ IF SO, HOW? ______

## SOCIAL

RELATIONSHIP STATUS: ______

WHERE DO YOU LIVE? ______

ANY CHILDREN? ______ ANY PETS? ______

OCCUPATION: ______ HOW MANY HOURS DO YOU WORK PER WEEK? ______

## GENERAL HEALTH

WHAT ARE YOUR MAIN HEALTH CONCERNS? ______

ANY OTHER CONCERNS AND/OR GOALS? ______

AT WHAT POINT IN YOUR LIFE DID YOU FEEL YOUR BEST? ______

ANY CURRENT OR PREVIOUS SERIOUS ILLNESSES, HOSPITALIZATIONS, OR INJURIES? ______

HOW IS/WAS YOUR MOTHER´S HEALTH? ______

HOW IS/WAS YOUR FATHER´S HEALTH? ______

WHAT IS YOUR ANCESTRY? ______ WHAT IS YOUR BLOOD TYPE? ______

HOW IS YOUR SLEEP? ______ HOW MANY HOURS DO YOU SLEEP PER NIGHT? ______

DO YOU WAKE UP DURING THE NIGHT? IF SO, WHY? ______

ANY PAIN, STIFFNESS, OR SWELLING? ______

ANY CONSTIPATION, DIARRHEA, OR GAS? ______

ANY ALLERGIES OR SENSITIVITIES? ______

## MEDICAL

LIST ALL SUPPLEMENTS OR MEDICATIONS: ______

ARE YOU INVOLVED WITH ANY HEALERS, HELPERS, OR THERAPIES? ______

WHAT ROLE DO SPORTS AND EXERCISE PLAY IN YOUR LIFE? ______

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## FOOD

WILL YOUR FAMILY AND FRIENDS BE SUPPORTIVE OF YOUR DESIRE TO MAKE FOOD AND/OR LIFESTYLE CHANGES?

DO YOU COOK? WHAT PERCENTAGE OF YOUR FOOD IS HOME-COOKED?

WHERE DOES YOUR NON-HOME-COOKED FOOD COME FROM?

WHAT FOOD DID YOU EAT OFTEN AS A CHILD?

| BREAKFAST | LUNCH | DINNER | SNACKS | LIQUID |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| BREAKFAST | LUNCH | DINNER | SNACKS | LIQUID |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

DO YOU CRAVE SUGAR, COFFEE, OR CIGARETTES? DO YOU HAVE ANY OTHER MAJOR ADDICTIONS?

WHAT IS THE MOST IMPORTANT THING YOU SHOULD CHANGE ABOUT YOUR DIET TO IMPROVE YOUR HEALTH?

## ADDITIONAL COMMENTS

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE?

ONCE YOU FINISH FILLING THIS DOCUMENT SEND IT TO MARTA AT marta@joinstage12.com

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