

# Howe To Eat Confidential Health History

Please print clearly on both pages of this 2 PAGE form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ How did you hear about Howe to Eat? \_\_\_\_\_

Telephone – Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current weight: \_\_\_\_\_ Weight one year ago: \_\_\_\_\_

Would you like your weight to be different? \_\_\_\_\_ If so, what? \_\_\_\_\_

Relationships status: \_\_\_\_\_ Children? \_\_\_\_\_  
Pets? \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Do you sleep well? \_\_\_\_\_ Do you wake up at night? \_\_\_\_\_ What times? \_\_\_\_\_

To urinate? \_\_\_\_\_ What time do you generally go to bed / get up? \_\_\_\_\_ / \_\_\_\_\_

Constipation/Diarrhea? \_\_\_\_\_

Women: Are your periods regular? \_\_\_\_\_ How many days is your flow? \_\_\_\_\_ How frequent? \_\_\_\_\_

Painful or symptomatic? \_\_\_\_\_ Please explain: \_\_\_\_\_

Do you take any prescription medications, vitamins or supplements? If so, which?  
\_\_\_\_\_

What role does exercise play in your life?  
\_\_\_\_\_

Do you drink coffee, smoke cigarettes, or have any major addictions?  
\_\_\_\_\_

Any food allergies or sensitivities?  
\_\_\_\_\_

What percentage of your food is home-cooked? \_\_\_\_\_ Where do you get the rest? \_\_\_\_\_

Serious illness/ hospitalizations/ injuries?  
\_\_\_\_\_

What is your current diet like? (Breakfast/Lunch/Dinner/Snacks/Beverages)

What is your main health concern?

What have you done in the past to work on this health condition? (western or eastern modalities)

What has proven effective?

Where would you like your health to be 4-6 months from now?

What obstacles, challenges and struggles do you come up against regarding diet/lifestyle?

What is one thing you LOVE about your life?