

delicious health

Men's Confidential Health History

Please write or print clearly. Email your completed form to simla@enjoydelicioushealth.com or fax to 484.737.0233.

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: _____

Do you sleep well? _____ Do you wake up at night? _____ If yes, at what times? _____

To urinate? _____ What time do you generally go to sleep? _____
What time do you generally get up in the morning? _____ Weekends? _____

Constipation/Diarrhea? _____ Explain: _____

What blood type are you? _____ What is your ancestry? _____

Serious illness/ hospitalizations/ injuries?
Please list dates as well. _____

Any pain, stiffness, or swelling? _____

What is your chief concern? _____

Other concerns? _____

How is the health of your mother? _____

How is the health of your father? _____

Do you take any supplements or medications? If so, which ones? Dosage? Frequency? Brand (if supplements)?

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Are there any healers, helpers or therapies with which you are involved? Please list:

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What role does exercise play in your life?

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

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What do you do for fun? How often?

.....

How well would you say you take care of yourself? Please circle a number.

Very Well 1 2 3 4 5 6 Self? What self?

.....

What percentage of your food is home cooked?

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Where do you get the rest from?

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Any known food allergies or intolerances? How did you find out about them?

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When was the last time you felt really good?

Please describe what that felt like.

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How committed are you to making dietary and lifestyle changes? Please circle a number.

Very Committed 1 2 3 4 5 6 Not Committed At All

.....

Why now?

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Anything else you'd like to share?

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Men's Confidential Health History - Part Two

Please write or print clearly.

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

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What about one year ago?

Breakfast

Lunch

Dinner

Snacks

Liquids

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What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

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