



## Women's Confidential Health History

Please write or print clearly. Email your completed form to [simla@enjoydelicioushealth.com](mailto: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? \_\_\_\_\_

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

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

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

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?

.....

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

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Why now?

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Anything else you'd like to share?

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# Women'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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