



# Wise Habits Nutritional Therapy

## Men's Confidential Health History

Please write or print clearly

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

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

Email address: \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ 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 the health of your mother? \_\_\_\_\_

How is 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? \_\_\_\_\_

Do you have any digestive issues? Do you experience pain/gas/bloating/heartburn after eating?

Constipation/Diarrhea/Gas? Please explain: \_\_\_\_\_

Allergies or sensitivities? Please explain: \_\_\_\_\_



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Any other medical conditions now or historically? Please list:

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Do you take any supplements or medications? Please list:

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Any healers, helpers or therapies with which you are involved? Please list:

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What role does sports and exercise play in your life?

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### What foods did you eat often as a child?

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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Will family and/or friends be supportive of your desire to make food and/or lifestyle changes?

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What percentage of your food is home cooked?

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Do you cook?

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Where do you get the rest from?

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Do you crave sugar, coffee, cigarettes, or have any major addictions?

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The most important thing I should change about my diet to improve my health is: \_\_\_\_\_

Anything else you want to share? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_