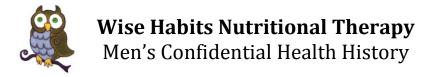


Wise Habits Nutritional Therapy Men's Confidential Health History

Please write or print clearly

Name:						
Address:						
			How often do you check email?			
		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 sta	atus:					
Children:			Pets:			
Occupation:			Hours of work per week			
Please list your	main health conc	erns:				
Other concerns	and/or goals?					
At what point in	n your life did you	ı feel best?				
Any serious illr	nesses/hospitaliza	tions/injuries?				
How is the heal	lth of your mother	?				
	lth of your father?					
What is your ar	ncestry?		What blood type are you	1?		
·			Do you wake up at night?			
		How many hours?				
Any pain, stiffn	ness or swelling?					
	ny digestive issues n/gas/bloating/hea					
	iarrhea/Gas? Plea	se explain:				
Allergies or ser	nsitivities? Please	explain:				



Any other medical corhistorically? Please lis				
Do you take any suppl Please list:	ements or medications?			
Any healers, helpers of are involved? Please	r therapies with which you list:	ı 		
What role does sports life?	and exercise play in your			
What foods did you e	eat often as a child?			
<u>Breakfast</u>	Lunch	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
			<u> </u>	_
What's your food like	these days?			
Breakfast	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
				_
Will family and/or frie	ends be supportive of your	desire to make food an	d/or lifestyle changes?	
What percentage of yo	our food is home cooked?		Do you cook?	
Where do you get the	rest from?		,	
Do you crave sugar, co	offee, cigarettes, or have a	ny 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?						