

# Women's Health History

All of your information will remain confidential between you and the Health Coach.

## Personal Information

**First Name:** \*

**Age:**

**Last Name:** \*

**Height:**

**Email:** \*

**How often do you check e-mail:**

**Place of birth:**

**Home phone:**

**Current weight:**

**Work phone:**

**Weight 6 months ago:**

**Mobile phone:**

**One year ago:**

**Would you like your weight to be different?:**

**If so what?:**

## **Social Information**

**Relationship status:**

**Where do you currently live?:**

**Children:**

**Pets:**

**Occupation:**

**Hours of work per week:**

## **Health Information**

**Please list your main health concerns:**

**Any pain, stiffness or swelling?:**

**Other concerns and/or goals?:**

**Constipation/Diarrhea/Gas?:**

**At what point in your life did you feel best?:**

**Allergies or sensitivities? Please explain:**

**Any serious illnesses/hospitalizations/injuries?:**

**Are your periods regular?:**

**How is/was the health of your mother?:**

**How many days is your flow?:**

**How is/was the health of your father?:**

**How frequent?:**

**What is your ancestry?:**

**Reached or approaching menopause? Please explain:**

**What blood type are you?:**

**Birth control history:**

**How is your sleep?:**

**Do you experience yeast infections or urinary tract infections?**

**How many hours?:**

**Do you wake up at night?:**

**Why?:**

## **Medical Information**

**Do you take any supplements or medications? Please list:**

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

**What role do sports and exercise play in your life?:**

## **Food Information**

What foods did you eat often as a child?

What is your food like these days?

**Breakfast:**

**Breakfast:**

**Lunch:**

**Lunch:**

**Dinner:**

**Dinner:**



**Snacks:**

**Snacks:**

**Liquids**

**Liquids**

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

**Do you cook?:**

**What percentage of your food is home-cooked?:**

**Where do you get the rest from?:**

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

**The most important thing I should do to improve my health is:**

## Additional Comments

**Anything else you would like to share?:**