



RESULTS COACHING ©

### Men's Confidential Health History

Please write or print clearly

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: \_\_\_\_\_

Please list your main health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How often does it (your health complaint) bother you? \_\_\_\_\_

\_\_\_\_\_

What have you tried to far that has not worked? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything getting in the way? (Bad habits, poor relationship, job stress etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At what point in your life did you feel best? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On a scale of 1-10, how motivated are you to get healthy and reach your goals? \_\_\_\_\_

What is the #1 Goal you would like to accomplish in the next 6 months? \_\_\_\_\_

What is the 2<sup>nd</sup> most important goal you would like to accomplish in the next 6 months? \_\_\_\_\_

What is the 3<sup>rd</sup> most important goal you would like to accomplish in the next 6 months? \_\_\_\_\_

Why would you like to achieve these goals? \_\_\_\_\_

Any serious illnesses/hospitalizations/injuries? \_\_\_\_\_

How is/was the health of your father? \_\_\_\_\_

How is/was the health of your mother? \_\_\_\_\_

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? \_\_\_\_\_

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

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

Do you take any supplements or medications? Please list: \_\_\_\_\_

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

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

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

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What percentage of your food is home cooked? \_\_\_\_\_ Do you cook? \_\_\_\_\_

Where do you get the rest from? \_\_\_\_\_

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

Have you ever worked with a Health Coach before? \_\_\_\_\_

What qualities would you like to have in a Coach? \_\_\_\_\_

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

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