

# Men's Health History

(Confidential)

Please write or print clearly

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Preferred form of contact:  Email  Text  Cell  Work  Home

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Weight 6 months ago: \_\_\_\_\_ Weight a year ago: \_\_\_\_\_ Ideal Weight \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Living in a:  House  Apt/Condo/Multi-Family

Children: \_\_\_\_\_ Pets: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Will family/friends be supportive of your food/lifestyle changes?  Yes  No  Maybe

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

What is your ancestry? \_\_\_\_\_ Blood Type: \_\_\_\_\_

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

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

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

Any serious illnesses/hospitalizations/injuries? (please list in detail with dates – use separate sheet if necessary) \_\_\_\_\_

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What role does sports/exercise play in your life? \_\_\_\_\_

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Do you sleep well?  Yes  No  Sometimes How many hours? \_\_\_\_\_

Do you wake up at night?  Yes  No  Sometimes Why? \_\_\_\_\_

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Describe any pain, stiffness, swelling: \_\_\_\_\_

Describe any Constipation/Diarrhea/Gas: \_\_\_\_\_

What medical/healers/therapy providers do you work with? \_\_\_\_\_

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List all medications or supplements: \_\_\_\_\_

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Known allergies or sensitivities: \_\_\_\_\_

Do you crave sugar, coffee, cigarettes, or have any addictions? (describe) \_\_\_\_\_

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What foods did you eat most often as a child?

Breakfast: \_\_\_\_\_

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Lunch: \_\_\_\_\_

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Dinner: \_\_\_\_\_

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Snacks: \_\_\_\_\_

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Liquids: \_\_\_\_\_

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What foods do you eat most often now?

Breakfast: \_\_\_\_\_

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Lunch: \_\_\_\_\_

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Dinner: \_\_\_\_\_

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Snacks: \_\_\_\_\_

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Liquids: \_\_\_\_\_

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

Where does the rest of your food come from? \_\_\_\_\_

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

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My primary health/fitness/nutritional goals are: \_\_\_\_\_

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My primary concerns about reaching those goals are: \_\_\_\_\_

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

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Is there anything else you'd like to share? \_\_\_\_\_