

# HEALTHY NU YOU

## Woman'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? \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours of work per week: \_\_\_\_\_

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

Other concerns? \_\_\_\_\_

Any serious illness/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? \_\_\_\_\_

Are your periods regular? \_\_\_\_\_

How many days is your flow? \_\_\_\_\_

How frequent? \_\_\_\_\_

Painful or symptomatic? \_\_\_\_\_

Please explain: \_\_\_\_\_

Birth control history: \_\_\_\_\_

Vaginal infections, reproductive concerns? \_\_\_\_\_

Constipation/Diarrhea/Gas? \_\_\_\_\_ Explain: \_\_\_\_\_

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

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

What role do sports and exercise play in your life? \_\_\_\_\_

What foods did you eat often as a child?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What's your food like these days?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What percentage of your food is home cooked? \_\_\_\_\_ What percentage is not? \_\_\_\_\_

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

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

Anything else you would like to share?