



Women's Health History

Please write or print clearly. All of your information will remain confidential between you and the Health Coach.

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Email: _____ How often do you check email? _____

Phone: Home: _____ Work: _____ Mobile: _____

Age: _____ Height: _____ Birthdate: _____ Place of Birth: _____

Current weight: _____ Weight six months ago: _____ 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: _____



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Other concerns and/or goals? _____

At what point in your life did you feel best? _____

Any serious illnesses/hospitalizations/injuries? _____

How is/was the health of your mother? _____

How is/was the health of your father? _____

What is your ancestry? _____ What blood type are you? _____

How is your sleep? _____ How many hours? _____ Do you wake up at night? _____

Why? _____

Do you feel well rested upon waking? _____

Any pain, stiffness, or swelling? _____

Constipation/Diarrhea/Gas? _____

Allergies or sensitivities, either with food/environment? Please explain: _____

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WOMEN'S HEALTH

Are your periods regular? _____ How many days is your flow? _____ How frequent? _____

Painful or symptomatic? Please explain: _____

Reached or approaching menopause? Please explain: _____

Birth control history: _____

Do you experience yeast infections or urinary tract infections? Please explain: _____

MEDICAL

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? Be sure to include your current exercise regime. _____

Who is your current primary care physician or specialist? _____

When was your last visit? _____



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FOOD INFORMATION

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

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

What is your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

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

Do you currently follow any of the following special diets?

Gluten-Free

Dairy-Free

Low-Sodium

Low-Carb & High-Protein

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? Do you consume alcohol? If so, how many times per week? _____



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

Check the factors that apply to your current lifestyle and eating habits:

- | | | |
|--------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Fast eater | <input type="checkbox"/> Poor snack choices | <input type="checkbox"/> Emotional eater |
| <input type="checkbox"/> Eat too much | <input type="checkbox"/> Love to eat | <input type="checkbox"/> Don't cook |
| <input type="checkbox"/> Late-night eating | <input type="checkbox"/> Eat because I have to | <input type="checkbox"/> Eat too much under stress |
| <input type="checkbox"/> Healthy foods not readily available | <input type="checkbox"/> Have negative relationship to food | <input type="checkbox"/> Eat too little under stress |
| <input type="checkbox"/> Confused about nutrition advice | <input type="checkbox"/> Struggle with eating issues | |

STRESS

Do you feel you have an excessive amount of trust in your life? _____

Do you feel you can easily handle the stress in your life? Please explain.

What areas within your lifestyle are the most difficult?

How do you manage every day stress?

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Do you use relaxation techniques?

ADDITIONAL COMMENTS

Anything else you would like to share?
