



Bringing the joyful adventure of good health to your kitchen!

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Men's Health History

Please write or print clearly

Name: _____

Address: _____

Email address: _____ How often do you check email? _____

Telephone – Work: _____ Home: _____ Mobile: _____

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? _____

Relationships status: _____ Children? _____

Occupation: _____ Hours of work per week: _____

Do you sleep well? _____ Do you wake up at night? _____ When/Why? _____

To urinate? _____ What time do you generally get up in the morning? _____

Constipation/Diarrhea? _____ Do you know what blood type you are? _____

What is your ancestry? _____ Allergies/Sensitivities? _____

Do you take any vitamins or medications? If so, which? _____

Are there any healers, helpers or therapies with which you are involved? Please list: _____

What role does sports/exercise play in your life? _____

Do you drink coffee, smoke cigarettes, or have any major addictions? _____

What percentage of your food is home cooked? _____ Where do you get the rest from? _____

Serious illness/ hospitalizations/ injuries? _____

What is your main health concern? _____

Other concerns? _____

How is the health of your mother? _____

How is the Health of your father? _____



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Men's Health History - Part Two

Please write or print clearly

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

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What about one year ago?

Breakfast

Lunch

Dinner

Snacks

Liquids

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What's your food like these days? Do you skip meals?

Breakfast

Lunch

Dinner

Snacks

Liquids

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Is there anything else that you feel is important for me to know?