



Jared Green Therapeutics

Eating Psychology Health History Form

Page 1

Name: _____ Date of Birth: ____ / ____ / ____ Age: ____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Please add me to your last-minute contact list for discounts and promotions via email.

How did you hear about me?

<input type="checkbox"/> Gift Certificate	<input type="checkbox"/> Outside Sign/Flyer	<input type="checkbox"/> Doctor/Chiropractor	<input type="checkbox"/> Friend/Family: _____	<input type="checkbox"/> Google	<input type="checkbox"/> Yelp!	<input type="checkbox"/> Other: _____
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Relationship status: _____ Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

Would you like your weight to be different? _____ If so, what? _____

Please list your main health concerns: _____

Other goals and/or concerns? _____

At what point in life did you feel your 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? _____ Blood type: _____

Do you sleep well? _____ How many hours? _____

Any pain/stiffness/swelling? _____

Constipation/Diarrhea/Gas? Please explain: _____

Allergies or sensitivities? Please explain: _____

Do you take any supplements or medications? Please list: _____

Any healers, helpers, therapies with which you are involved? Please list: _____

Have you received health/lifestyle coaching before? _____

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

Do you enjoy it? _____

What are your hobbies? _____

Please turn over and fill out page 2



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Page 2

What does your diet look like lately? Also, please list the average time of day for meals & snacks:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Liquids: _____

Are you a slow, moderate or fast eater? Please explain: _____

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

Where do you get the rest from? _____

Do you crave sugar, coffee, cigarettes, or have other major cravings/addictions? _____

Do you believe that family/friends will be supportive of your desire for food & lifestyle updates? _____

What stresses you out? Please list: _____

What relaxes you? Please list: _____

Anything else you want to share? What do you hope to get out of this session? _____

Informed consent for eating psychology coaching:

I understand that Jared G. is certified to coach *Eating Psychology* and that he is not a Medical Doctor nor a Licensed Nutritionist. The main focus of this session is the method and approach to eating, not specifically what to eat. I understand that Jared G. does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals. I understand that *Eating Psychology* is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

By signing I am acknowledging that I have filled out this form to the best of my ability and that the information I provided is accurate.

Signature _____

Date _____