



Nutré Holistic 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? _____

Any pain, stiffness, or swelling? _____

Constipation/Diarrhea/Gas? _____

Allergies or sensitivities? Please explain: _____

MEDICAL INFORMATION

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



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

What role does sports and exercise play in your life?

FOOD INFORMATION

What foods did you eat often as a child?

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
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What is your food like these days?

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

