

Vigorous Choices Men's Health History

Please write or print clearly

Name: _____

Address: _____

Email address: _____ Is this a good form of communication for you? _____

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: _____ Pets: _____

Occupation: _____ How many hrs per week: _____

Please list your main health concerns: _____

Other concerns and/or goals? _____

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

Any serious illnesses/hospitalizations/injuries? _____

How is the health of your father? _____

How is the health of your mother? _____

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

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

Why? _____

Any pain, stiffness or swelling? _____

Constipation/Diarrhea/Gas? _____ Explain: _____

Allergies or sensitivities? Please explain:

Please list any supplements or medications you are taking:

Are you currently seeing a health professional for any reason?
(Acupuncturist, massage, other therapy, Reiki, etc.) Please list:

Do you play sports or have an exercise routine?

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

What foods do you eat these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

Will family and/or friends support you with any food and/or lifestyle changes you make?

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

How many of your daily meals are home cooked? Do you cook?

Where does the rest of your food come from?

The most important thing I should change about my diet to improve my health is: _____

Anything else you want to share? _____
