

## Women's Health History

Please write or print clearly. All of your information will remain confidential.

### PERSONAL INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Who may I thank for referring you? \_\_\_\_\_

What is your preferred method(s) of communication when not in-person (check all that apply)?

Telephone: \_\_\_\_\_ Text: \_\_\_\_\_ Email: \_\_\_\_\_ FB Messenger: \_\_\_\_\_ Other: \_\_\_\_\_

What is your preferred method(s) of receiving information/learning more about a subject (check all that apply)?

Books: \_\_\_\_\_ Articles: \_\_\_\_\_ Blogs: \_\_\_\_\_ Documentaries: \_\_\_\_\_ Brief Videos: \_\_\_\_\_ Research Statistic/Studies: \_\_\_\_\_

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: \_\_\_\_\_

Children: \_\_\_\_\_

Where do you currently live? \_\_\_\_\_ Pets: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Other Social Activities that you are involved in: \_\_\_\_\_

Frequency: \_\_\_\_\_



## HEALTH INFORMATION

Please list your main health concerns:

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Other concerns and/or goals?

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Where in your life do you feel that you are lacking organization or have lost control?

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At what point in your life did you feel best?

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Any serious illnesses/hospitalizations/injuries?

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How is/was the health of your mother?

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How is/was the health of your father?

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Do you have siblings? How is their health?

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What is your ancestry?

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What blood type are you?

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How is your sleep?

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How many hours?

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Do you wake up at night?

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Why?

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Any pain, stiffness, or swelling?

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Constipation/Diarrhea/Gas?

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Allergies or sensitivities? 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: \_\_\_\_\_

Do you suffer from PMS? If yes, how does it manifest? \_\_\_\_\_

Reached or approaching menopause? Please explain: \_\_\_\_\_

Birth control history: \_\_\_\_\_

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

Are you suffering from any other symptoms? (i.e. heavy bleeding, unusual spotting, unusual discharge, constant tenderness, sharp pains) \_\_\_\_\_

## MEDICAL INFORMATION

Do you take any supplements or medications? Please list: \_\_\_\_\_

Any healers, helpers, or therapies with whom you are involved? Please list: \_\_\_\_\_

Do you believe that there are other areas of your life that may be affecting your overall health (For better or for worse)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, then which areas? \_\_\_\_\_

What role do sports and exercise play in your life? (Frequency) \_\_\_\_\_

## 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


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? \_\_\_\_\_

What do you eat/drink at work? \_\_\_\_\_

Where do you get the rest of your food from, if not from home? \_\_\_\_\_

What would your ideal eating situation look like on a weekly basis? How often at home/restaurants? \_\_\_\_\_

Where would you like to be a month from now with your eating situation? 3 months from now? \_\_\_\_\_

What is working for you in your day to day life, concerning food? \_\_\_\_\_

What isn't (also known as "Where are you most challenged")? \_\_\_\_\_

Do you crave sugar, chocolate, soda, energy drinks, coffee, tea, cigarettes, alcohol, drugs or have any other addictions? \_\_\_\_\_

How much are you spending on food weekly? (Grocery, farmer's markets, gas stations) \_\_\_\_\_

How much are you spending eating out weekly? (Restaurants, Coffee Shops, Fast Food) \_\_\_\_\_

## ADDITIONAL COMMENTS

Anything else you would like to share? \_\_\_\_\_

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