



Men's Confidential Health History

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Name:		Age:	Today's Date:	
Street Address:		City:		State:
Zip:				
Email Address:		How often do you check email?		
Best Phone #:		Do you prefer communication by email or phone? <input type="checkbox"/> Email <input type="checkbox"/> Phone		
Date of Birth:		Place of Birth:		
Relationship Status:		Children:	Pets:	
Occupation:		Hours of work per week:		
Please list your main health concerns:				
Do you have any other concerns and/or goals?				
Height:	Weight:	Weight 6 months ago:	Weight 1 year ago:	
Would you like your weight to be different? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what would you like it to be?		
What is your ancestry?		What blood type are you?		
Will family and friends be supportive of your desire to make food/lifestyle changes?				
At what point in your life did you feel best?				
List any serious illnesses, hospitalizations, or injuries:				

Men's Confidential Health History (continued)

How is/was the health of your mother?	
How is/was the health of your father?	
Do you sleep well?	How many hours?
Do you wake up at night? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?
<p><u>Do you experience any of the following:</u></p> <p>Digestive issues such as pain, gas, bloating, heartburn, constipation, or diarrhea?</p> <p>Allergies or sensitivities?</p> <p>Pain, stiffness, or swelling?</p> <p>Cravings for sugar, coffee, cigarettes, or have any major addictions?</p> <p>Any other medical conditions currently or historically? Please list:</p>	
Are you receiving care from any health care professionals? <i>(physician, naturopath, chiropractor, acupuncturist, massage therapist, etc)</i>	
What role do sports and exercise play in your life?	

Men's Confidential Health History (continued)

Do you take any supplements or medications? Yes No

If Yes, please list:

What foods did you eat often as a child?

Breakfast:

Lunch:

Dinner:

Snacks:

Liquids:

What foods do you eat today?

Breakfast:

Lunch:

Dinner:

Snacks:

Liquids:

What percentage of your food is home cooked?

Do you cook?

Where do you get the rest from?

The most important thing I feel like I need to change about my diet to improve my health is:

Signature:

Date: