

# Men's Confidential Health History

Please type or print clearly

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

Address: \_\_\_\_\_

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

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? \_\_\_\_\_

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

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

Why? \_\_\_\_\_

Generally, what are your stress levels like?: \_\_\_\_\_ Main stressor? \_\_\_\_\_

What is your chief concern?: \_\_\_\_\_

Other concerns? *Think from "head to toe."* \_\_\_\_\_

Reproductive concerns? \_\_\_\_\_



adapted from Integrative Nutrition

Any serious illness/hospitalizations/injuries? \_\_\_\_\_

How is the health of your mother? \_\_\_\_\_

How is the health of your father? \_\_\_\_\_

What is your ancestry? \_\_\_\_\_ What blood type are you? \_\_\_\_\_

Any pain, stiffness or swelling? \_\_\_\_\_

Bloating/Constipation/  
Diarrhea/Gas? \_\_\_\_\_ Explain & include no. of  
bowel movements/day: \_\_\_\_\_

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

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

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

What do you do (or like to do) for fun? \_\_\_\_\_

What percentage of your food is home cooked? \_\_\_\_\_ What percentage is not? \_\_\_\_\_

Where do you get the rest from? \_\_\_\_\_

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

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

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What about one year ago?

Breakfast

Lunch

Dinner

Snacks

Liquids

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What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

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Is there anything else you would like to share today?

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