

# Women'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? \_\_\_\_\_

Relationships status: \_\_\_\_\_ Children? \_\_\_\_\_

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

Do you sleep well? \_\_\_\_\_ Do you wake up at night? \_\_\_\_\_ What times? \_\_\_\_\_

To urinate? \_\_\_\_\_ What time do you generally get up in the morning? \_\_\_\_\_

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

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

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

Is your menstrual cycle regular? \_\_\_\_\_ How many days is your flow? \_\_\_\_\_ How frequent? \_\_\_\_\_

Painful or symptomatic? \_\_\_\_\_ Please explain symptoms related to your cycle *or menopause*: \_\_\_\_\_

\_\_\_\_\_

Please elaborate on you birth control history: \_\_\_\_\_

\_\_\_\_\_



Vaginal infections? Reproductive concerns? \_\_\_\_\_

Do you take any supplements or medications? If so, which? \_\_\_\_\_

Are there any healers, helpers or therapies with which you are involved? Please list: \_\_\_\_\_

What role does exercise play in your life? \_\_\_\_\_

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

Do you drink coffee, smoke cigarettes, or have any major addictions? \_\_\_\_\_

What percentage of your food is home cooked? \_\_\_\_\_ Where do you get the rest from? \_\_\_\_\_

Serious illness/ hospitalizations/ injuries? \_\_\_\_\_

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

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

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

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



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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