

Men's Confidential Health History Please write 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 b	e different?	If <mark>so, w</mark> hat?	
Relationship status:			
Children:		Pets:	
Occupation:		Hours of work per week:	
Please list your main health con	ncerns:		
Other concerns and/or goals? _			
At what point in your life did you	u feel best?		
Any serious illnesses/hospitaliz	ations/injuries?		
How is/was the health of your fa	ather?		
How is/was the health of your n	nother?		
What is your ancestry?		What blood type are you?	
Do you sleep well?	How many hours?	Do you wake up at night?	
Why?			
Any pain, stiffness or swelling?			
Constipation/Diarrhea/Gas? Ple	ease explain:		
Allergies or sensitivities? Please			

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Do you take any supplements or medications? Please list:						
Any healers, helpers	or therapies with which you	u are involved? Please list	:			
What role does sports	s and exercise play in your	life?				
What foods did you e	at often as a child?					
Breakfast	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>		
What's your food like	these days?					
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>		
				-		
Will family and/or friends be supportive of your desire to make food and/or lifestyle changes?						
Do you crave sugar, coffee, cigarettes, or have any major addictions?						
		_				
What percentage of your food is home cooked? Do you cook?						
Where do you get the	rest from?	<u>'</u>				
The most important thing I should change about my diet to improve my health is:						
Anything else you want to share?						

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