# Men's Health History

Please write or print clearly. All of your information will remain confidential between you and the Health Coach.

## PERSONAL INFORMATION

First Name: ______________________

Last Name: ______________________

Email: ______________________ How often do you check email? __________

Phone:
Home: __________ Work: __________ Mobile: __________

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: ______________________

Where do you currently live? ______________________

Children: ______________________ Pets: __________

Occupation: ______________________ Hours of work per week: ______

## HEALTH INFORMATION

Please list your main health concerns: ______________________

______________________

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## Men's Health History

Other concerns and/or goals?

At what point in your life did you feel best?

Any serious illnesses/hospitalizations/injuries?

How is/was the health of your mother?

How is/was the health of your father?

What is your ancestry?

What blood type are you?

How is your sleep?

How many hours?

Do you wake up at night?

Why?

Do you feel well rested upon waking?

Any pain, stiffness, or swelling?

Constipation/Diarrhea/Gas?

Allergies or sensitivities, either with food/environment? Please explain:

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## MEN’S HEALTH

Have you had any of the following screenings in the past year?

| | YES | NO |
| --- | --- | --- |
| BP | ☐ | ☐ |
| Cholesterol | ☐ | ☐ |
| Bone Density | ☐ | ☐ |
| Blood Glucose | ☐ | ☐ |
| Colon Cancer | ☐ | ☐ |
| BMI | ☐ | ☐ |
| Prostate | ☐ | ☐ |

## MEDICAL INFORMATION

Do you take any supplements or medications? Please list: ______________________________

______________________________________________

Any healers, helpers, or therapies with which you are involved? Please list: ______________________

______________________________________________

What role do sports and exercise play in your life? Be sure to include your current exercise regime. ______________________________

______________________________________________

Who is your current primary care physician or specialist? ______________________________

When was your last visit? ______________________

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## 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

Do you currently follow any of the following special diets?

☐ Gluten-Free ☐ Dairy-Free ☐ Low-Sodium ☐ Low-Carb & High-Protein

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? ______________

Where do you get the rest from? ______________

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Do you crave sugar, coffee, cigarettes, or have any major addictions? Do you consume alcohol? If so, how many times per week? ____________________

____________________

The most important thing I should do to improve my health is: ____________________

____________________

Check the factors that apply to your current lifestyle and eating habits:

- [ ] Fast eater
- [ ] Poor snack choices
- [ ] Emotional eater
- [ ] Eat too much
- [ ] Love to eat
- [ ] Don't cook
- [ ] Late-night eating
- [ ] Eat because I have to
- [ ] Eat too much under stress
- [ ] Healthy foods not readily available
- [ ] Have negative relationship to food
- [ ] Eat too little under stress
- [ ] Confused about nutrition advice
- [ ] Struggle with eating issues

## STRESS

Do you feel you have an excessive amount of trust in your life? ______________________

Do you feel you can easily handle the stress in your life? Please explain.

____________________

____________________

What areas within your lifestyle are the most difficult?

____________________

____________________

How do you manage every day stress?

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Do you use relaxation techniques?

## ADDITIONAL COMMENTS

Anything else you would like to share?

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