Men's Confidential Health History Please write or print clearly

often do you check email?					
Cell:					
Place of Birth:					
One year ago:					
If so, what?					
Pets:					
Hours of work per week:					
Please list your main health concerns:					
At what point in your life did you feel best?					
Any serious illnesses/hospitalizations/injuries?					
How is/was the health of your father?					
What blood type are you?					
Do you wake up at night?					

Do you take any supplements or medications? Please list:					
Any healers, helpers or therapies with which you are involved? Please list:					
What role does sports and exercise play in your life?					
What foods did you eat often as a child?					
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>	
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What's your food like these days?					
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>	
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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?					
The most important thing I should change about my diet to improve my health is:					
Anything else you want to share?					