

# PERSONAL HEALTH EVALUATION

## I. Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_ Referred by \_\_\_\_\_

Occupation \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

## II. Diet, Nutrition and General Health Practices

a. How often do you consume the following? (1 = Very Frequently, 2 = Often, 3 = Rarely, 4 = Never)

Refined Sugar	1	2	3	4	Dairy Products	1	2	3	4	Fresh Fruits	1	2	3	4
White Flour	1	2	3	4	Pork/Shellfish	1	2	3	4	Vegetables	1	2	3	4
Alcohol	1	2	3	4	Red Meat	1	2	3	4	Green Salads	1	2	3	4
Fried Foods	1	2	3	4	Chicken/Turkey	1	2	3	4	Whole Grains	1	2	3	4
Caffeine Drinks	1	2	3	4	Artificial Sweeteners	1	2	3	4	Fresh Fish	1	2	3	4

b. How much water do you drink each day? \_\_\_\_\_ ounces  
What kind of water do you drink?

c. How much sleep do you get each night on the average? \_\_\_\_\_ hours  
How do you sleep?

d. What is your energy level like?

e. How many meals/day do you eat?

f. How often do your bowels eliminate?

g. Do you feel like you are under stress? If so, explain.

h. What nutritional supplements are you currently taking?

### ***III. Medical Information***

A. What are your current health concerns?

B. List any serious illnesses or surgeries you have had in the past.

C. Are you under a medical doctor's care for your condition? \_\_\_\_\_  
If so, what medications, drugs or therapies are you currently using?

D. What medications, medical procedures, supplements or therapies have you previously tried for your condition? Were any of these supplements or therapies helpful? If so, please note which ones were helpful.

E. Additional comments or helpful information, if any.

#### *IV. Interview Notes*

Additional Client Complaints:

Additional Observations:

Recommendations:

***V. Record of Additional Visits***

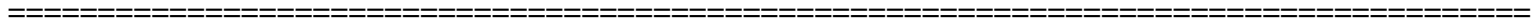
Client Name: \_\_\_\_\_

Date of Visit : \_\_\_\_\_

Status of Client Complaints

New Observations

Revised Recommendations



Date of Visit: \_\_\_\_\_

Status of Client Complaints

New Observations

Revised Recommendations