



## Health History and Personal Goals

A personal inventory of health history can lead you to realistic health goals. Please complete this history as

completely as possible. We will use this information to help construct a plan to support the lifestyle and diet changes for success and health.

It will be most useful if you can send us the Health History and Food Record forms at least 3 days prior to your first appointment. FAX to 360.734.2831 or bring in to the studio.

<b>Name:</b>			
<b>Date of birth:</b>		<b>Age:</b>	
<b>What brings you to our Studio:</b>			
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<b>Height:</b>	<b>Current weight:</b>		<b>Goal weight:</b>
<b>Medications:</b>			
<b>Insulin(s)</b>			
<i>Time and dose for each insulin</i>			
<b>How often do you check your blood glucose:</b>			
<b>Vitamins/Minerals:</b>			
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<b>Herbs:</b>			
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<b>Other supplements:</b>			
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<b>Usual physical activity:</b>			
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Health History for: \_\_\_\_\_ Date: \_\_\_\_\_

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Describe your usual diet (*ex: most meals out, vegetarian, mostly home cooked, etc.*)

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Who does the cooking at your house:

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Shopping?

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Menu planning?

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How often you eat out:

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Allergies or sensitivities (to food):

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Are there any foods you do not eat (*other than noted as an allergy*):

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Please describe why not?

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Please describe your health concerns:

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Please describe your health goals:

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Health History for: \_\_\_\_\_ Date: \_\_\_\_\_