Healthy Connections
Personal Health Information

Confidential

YES	NO	EXPLAIN:
□	□	1. Are you presently under physician's care?
□	□	2. Are you a diabetic? Insulin □
□	□	3. Is anyone in your family diabetic? If so, whom?
□	□	4. Have you been diagnosed hypoglycemic?
□	□	5. Have you been diagnosed anemic?
□	□	6. Do you have heart problems? If so, what?
□	□	7. Has anyone in your family been diagnosed with heart problems?
□	□	8. Have you ever been diagnosed with cancer? Type:
□	□	9. Has anyone in your family been diagnosed with cancer?
□	□	10. Have you ever had kidney stones? When?
□	□	11. Have you ever had gallbladder disease/stones?
□	□	12. Have you ever had any gastrointestinal disorders? What & When?
□	□	13. Have you ever been diagnosed with gout? When?
□	□	14. Do you have high blood pressure/hypertension?
□	□	15. Do you have headaches? What type and how often?
□	□	16. Do you have arthritis?
□	□	17. Do you have any allergies or intolerances? What?
□	□	18. Do you have asthma?
□	□	19. Do you have premenstrual syndrome (PMS)? How treated?
□	□	20. Are you troubled with constipation? How often?
□	□	21. Have you had any surgeries? What type and when?
□	□	22. Are you pregnant or lactating at this time? Due Date:
□	□	23. Are you taking medications? What kinds & why? Include hormones, diuretic, birth control & OTC meds.
□	□	24. So you have any other physician diagnosed health problems? What?:
□	□	25. Do you consider yourself to be in good health?
□	□	26. Are you a smoker? If yes, how many packs a day?
□	□	27. Are you overweight? If so, how much & how long?
□	□	28. What is your present weight? One year ago:
□	□	29. Have you ever been anorexic or bulimic?
□	□	30. Do you take vitamins or mineral supplements regularly? Type:
□	□	31. Do you have any health concerns that prohibit you from a regular exercise program?
□	□	32. Will there be family members or friends who will be supportive of your nutritional program? Who?

A DOCTOR'S EXAMINATION IS ADVISED BEFORE BEGINNING ANY NUTRITIONAL PROGRAM.

To the best of my knowledge, these statements are true.

Signed:_____Date:_____