

INTEGRATION FOR LIFE

Women's Confidential Health History Please write or print clearly

Name: Address:

Email Address: How often do you check email? Facebook?

Telephone (Work): (Home) (Cell)

Age: Height: Date of Birth: Place of Birth:

Current Weight: Weight Six months ago: One year ago:

Would you like your weight to be different? If so, what?

Relationship status:

Children: Pets:

Occupation: Do you enjoy your job? Hours of work per week:

Please list your main health concerns that you would like to improve, physical or emotional:

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.....

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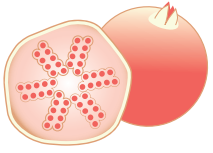
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Other concerns and/or goals?

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At what point in your life did you feel best?

.....



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Women's Confidential Health History (continued) Please write or print clearly

Any serious illnesses / hospitalizations / injuries?

Do you have any pain, stiffness or swelling in your body?

How is the health of your father? How is the health of your mother?

What is your ancestry? What blood type are you?

Do you sleep well? How many hours? Do you wake up at night?
Why?

Are your periods regular?

How many days is your flow?

How frequent?

Painful or symptomatic? Any clotting? Heavy or light? Please explain:

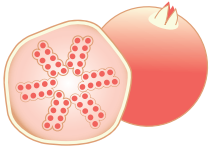
Reached or approaching menopause? Please explain:

Birth control history (how often and how long)

Antibiotic history (how often and how long)

Thyroid problems?

Have you tested your cholesterol?



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Women’s Confidential Health History (continued) Please write or print clearly

Do you experience yeast infections or urinary tract infections? Please explain:

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Constipation / diarrhea / gas? Please explain:

Allergies or sensitivities? Please explain:

Do you take any supplements or medications? Please list:

.....

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

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What role does sports and exercise play in your life?

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What foods did you eat often as a child? Were you breast fed?

Breakfast	Lunch	Dinner	Snacks	Liquids

What’s your food like these days?

Breakfast	Lunch	Dinner	Snacks	Liquids

