Health and Wellness Chef, Inc.
Chef Guddia Singh, CHHC

Female Health History (Adult) **Date:**

Please print clearly. All information will remain confidential between you and your Wellness Coach

Personal Information

First Name:	Last Name:	
E-mail:	How often do you check e-mail?	
Home Phone:	Work:	Cell:
Birth date:	Birth Place:	
Age:	Height:	
Current Weight:	Weight six months ago:	One year ago:
Would you like your weight to be different?	If so, what?	

Social Information

Where do you currently live?			
Relationship Status; circle one:	Single	Married	Divorced
Children:	Pets:		
Occupation:	Hours of work per week:		

Health Information

Please list your main health concerns:

Other concerns and/or goals?

At what point in your life did you feel the best?

Any serious illnesses/hospitalizations/injuries?

Information based on Institute of Integrative Nutrition

How is/was the health of your mother?
How is/was the health of your father?
What is your blood type? What is your ancestry?
How is your sleep? Hours per night? Do you wake?
If so, why?
Any pain, stiffness or swelling? Where?
Constipation/Diarrhea/Gas/Bloating?
Allergies or sensitivities? Please explain:

Women's Health

Are your periods regular? How many days is your flow?
Cycle length: Date of last period:
Painful or symptomatic? Please explain:
Reached or approaching menopause? Please explain:
Do you experience yeast infections or urinary tract infections? Please explain:
Birth control history:

Medical Information

Do you take any supplements or medications? (Please list all)

Any healers, helpers or therapies with which you are involved? (Please list all)

What role does sports and exercise play in your life?

Culinary Information

What foods did you eat often as a child?

Breakfast				
Lunch				
Dinner				
Snacks				
Liquids				

What is your diet like these days?

Breakfast				
Lunch				
Dinner				
Snacks				
Liquids				

Will your family/friends be supportive of your desire to make food and/or lifestyle changes?
Do you cook? What percentage of your food is home-cooked?
Where do you get the rest from?
Do you crave sugar, coffee, cigarettes or any other minor/major addictions?

Additional Comments

The most important thing I should do to improve my own health is:

Anything else you would like to share?
