



# HEALTH EVALUATION PROFILE

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (d) \_\_\_\_\_ (eve) \_\_\_\_\_ E-mail \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body Frame \_\_\_\_\_ Blood type \_\_\_\_\_ Birthdate \_\_\_\_\_

Children? \_\_\_\_\_ How many? \_\_\_\_\_ Women: Pregnancy: Easy or difficult? \_\_\_\_\_

Occupation \_\_\_\_\_

Exercise/Recreation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Health Concerns

List your five major health concerns at this time \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the onset and occurrence of health problems in detail: (use a separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_



## HEALTH EVALUATION PROFILE

2

**How have you dealt with these concerns in the past (doctors, self-care, etc.)?**

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**List any medicine or supplements you are currently taking for these or other health problems as well as for improving and maintaining health status.**

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**Have any other family members had similar problems? (describe)**\_\_\_\_\_

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**Family health history: Any other health issues? (diabetes, heart disease, thyroid disease, cancer, etc.)**\_\_\_\_\_

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**Condition of hair: (thinning, losing any, dry, etc.)**\_\_\_\_\_

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**Nails: (white spots, ridges, cracks, thin, break easily, strong, grow easily, etc.)**\_\_\_\_\_

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**Sleep: fall asleep, stay asleep, wake up during the night, insomnia, wake up early, sleep short hours, etc.** \_\_\_\_\_

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## HEALTH EVALUATION PROFILE

3

How would you rate your levels of stress in the following areas: (1-10 with ten indicating high levels of stress )

- a. Work \_\_\_\_\_
- b. Family \_\_\_\_\_
- c. Relationships \_\_\_\_\_
- d. Environmental (allergies and toxic exposures) \_\_\_\_\_
- e. Financial \_\_\_\_\_
- f. Other (describe) \_\_\_\_\_

How has your diet changed in relationship to your health concerns?  
(special diets, etc.) \_\_\_\_\_

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Family eating habits: What was your diet like as a child? \_\_\_\_\_

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Describe the foods you eat (comfort foods) when you are:

- a. Hungry
- b. Angry
- c. Lonely
- d. Tired
- e. Depressed
- f. Celebrating