

NAME:
DOB:
DATE:



WHAT IS YOUR CURRENT HEALTH STATUS?

IDENTIFYING YOUR HEALTH GOALS:

To help our office understand your wellness goals and give you the type of care that you want,
please use this chart to answer the questions below.

1. What number best describes how you feel about your health today? _____
2. What health goal do you want to achieve? _____

-4	-3	-2	-1	1	2	3	4
I feel worried about my health.	I have constant concerns that affect my health.	I have health challenges that affect me on a daily basis.	I have minor complaints about my health.	I feel okay about my health with no complaints.	I feel well on a daily basis.	I feel energetic and health.	I feel great and am proactive about my health.

DIETARY INTAKE SUMMARY:

1. In an average day, how many servings of each do you eat? (please circle)

Grains (cereal, bread, rice, pasta)	0 1 2 3 4 >4	Fruits	0 1 2 3 4 >4
Dairy Products (milk, yogurt, cheese)	0 1 2 3 4 >4	Red Meat	0 1 2 3 4 >4
Beans, Nuts, Tofu	0 1 2 3 4 >4	Vegetables	0 1 2 3 4 >4
Chicken, Fish	0 1 2 3 4 >4	Eggs	0 1 2 3 4 >4
2. How many meals do you eat per day? _____
3. Do you take vitamins? Yes No If yes, please list them below.

4. Do you have trouble maintaining your optimal weight? Yes No
5. Are you trying to gain/lose weight? Yes No Highest Weight _____ Lowest Weight _____
6. How many times do you urinate a day? _____
7. What color is your urine? (circle) clear light yellow yellow dark yellow coke colored

RESPOND APPROPRIATELY

			Occassional	Weekly	Daily
Alcohol	YES	NO			
Artificial Sweeteners	YES	NO			
Eat Breakfast	YES	NO			
Coffee	YES	NO			
Dietary Supplements	YES	NO			
Diuretics	YES	NO			
Drugs	YES	NO			
Fast Food	YES	NO			
Laxatives	YES	NO			
Restrictive Diet	YES	NO			
Soft Drinks	YES	NO			
Tobacco	YES	NO			
Vomiting (forced)	YES	NO			
Water ounces/day	YES	NO			

PLEASE INDICATE THE AREAS OF HEALTH THAT YOU WANT TO IMPROVE:

____improve performance ____more energy ____improve digestion ____prevent problems ____lose weight
 ____improve general health ____sleep better ____improve blood work ____anti-aging support

If you could improve ONE thing about your health, what is your priority?