

# Confidential Health History

Please write or print clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ How often do you check email? \_\_\_\_\_

Telephone – Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

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? \_\_\_\_\_

Relationships status: \_\_\_\_\_ Children? \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Do you sleep well? \_\_\_\_\_ Do you wake up at night? \_\_\_\_\_ What times? \_\_\_\_\_

To urinate? \_\_\_\_\_ What time do you generally get up in the morning? \_\_\_\_\_

Constipation/Diarrhea? \_\_\_\_\_ Do you know what blood type you are? \_\_\_\_\_

Women: Are your periods regular? \_\_\_\_\_ How many days is your flow? \_\_\_\_\_ How frequent? \_\_\_\_\_

Painful or symptomatic? \_\_\_\_\_ Please explain: \_\_\_\_\_

Do you take any vitamins or medications? If so, which? \_\_\_\_\_

Are there any healers, helpers or therapies with which you are involved? Please list: \_\_\_\_\_

What role does exercise play in your life? \_\_\_\_\_

Do you drink coffee, smoke cigarettes, or have any major addictions? \_\_\_\_\_

What percentage of your food is home cooked? \_\_\_\_\_ Where do you get the rest from? \_\_\_\_\_

Serious illness/ hospitalizations/ injuries? \_\_\_\_\_

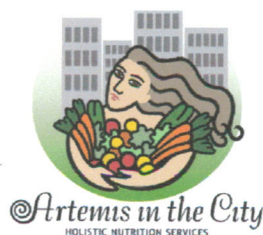
What is your chief concern? \_\_\_\_\_

Other concerns? \_\_\_\_\_

How is the health of your mother? \_\_\_\_\_

How is the health of your father? \_\_\_\_\_

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# Health History - Part Two

Please write or print clearly

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What about one year ago?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____