



Women's Health History

Nutrition for Better Living, Inc.

Eva Cruz
Plant-Based Specialist
Health coach
15851 Dallas Parkway, 632 Addison, Texas 75001
Dallas Texas
469-473-8398
www.nutritionforbetterliving.com
nutritionforbetterliving@gmail.com

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Mobile: _____

Email: _____

Address: _____

Age: _____

Height: _____

DOB: _____

Current weight: _____

Would you like your weight to be different? _____

If yes, what's your desired weight? _____

SOCIAL INFORMATION

Relationship status: _____

Where do you currently live? _____

Children: _____

Occupation: _____

HEALTH INFORMATION

Please list your main health concerns: _____

Health goals? _____

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

Any serious illnesses/hospitalizations/injuries? _____

Weight six months ago: _____

What blood type are you? (if applicable) _____

How is/was the health of your mother? _____

How is/was the health of your father? _____

How many meals do you eat a day? _____

Please explain: _____

How is your sleep? _____

Please explain: _____

Any pain, stiffness, or swelling? _____

Constipation/Diarrhea/Gas? allergies or sensitivities? _____

Please explain: _____

Any chronic illnesses? (Diabetes, high blood pressure, thyroid disorder cancer etc.)

Do you drink alcohol? _____

Are your periods regular? _____

How many days is your flow? _____

Painful or symptomatic? _____

Please explain: _____

Reached or approaching menopause? _____

Please explain: _____

MEDICAL INFORMATION

Do you take any supplements or medications, vitamins? Please list:

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

Please list: _____

Do you exercise? _____ How frequently? _____

Have you suffered from any mental illnesses; depression, eating disorders etc.?

FOOD INFORMATION

What is your food like these days? _____

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Liquids: _____

What types of foods do you dislike the most? _____

FAMILY SUPPORT

Will family and/or friends be supportive of your desire to make food & plant-based 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 have any major addictions? _____

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

ADDITIONAL COMMENTS

Anything else you would like to share? _____
