



Men's Health History

Nutrition for Better Living, Inc.

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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? _____

<p>How would you prefer to Communicate?</p> <p>Text</p> <p>Phone Call</p> <p>E-mail</p>
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SOCIAL INFORMATION

Relationship status: _____

Where do you currently live? _____

Children: _____

Occupation: _____

HEALTH INFORMATION

Please list your main health concerns: _____

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

Any serious illnesses/hospitalizations/injuries? _____

Weight six months ago: _____

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, etc.)

MEDICAL INFORMATION

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

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

Please list: _____

What role do sports, and exercise play in your life? _____

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

FOOD INFORMATION

What foods do you eat on a regular basis? _____

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 and/ 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:

HOW DID YOU HEAR ABOUT ME?

Google Health Professionals Referral Other

ADDITIONAL COMMENTS

Anything else you would like to share? _____
