

Universal Wellness Associates

Holistic Nutrition Wellness Coaching
Your Resource for Healthy Eating and Healthy Living

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

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

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

Have any other family members had similar problems? (describe)_____

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

Condition of hair: (thinning, losing any, dry, etc.)_____

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

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

Health Evaluation Profile

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.) _____

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

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

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