



INTEGRATIVE MIND-BODY HEALING LLC
3687 G 7/10 Road
Palisade, Colorado 81526

HEALTH HISTORY

Name: _____ Date of Birth: _____ Age: _____

Home Address: _____

Occupation: _____ Years Worked: _____

Retired: Year Retired: _____

Phone: _____

Email: _____

Preferred Contact Method: Phone Text Email

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Primary Care Physician: _____

Referring Physician: _____

Date Form Completed: _____

Do you have any of the following? If so, please list:

Other physicians or specialists: _____

Practitioners, therapists, healers: _____

HEALTH AND WELLNESS GOALS

What are your health and wellness goals? Why are they important to you?

PERSONAL HEALTH AND FAMILY HISTORY

Health Information

What’s the most important thing you’d like to share about your health story?

Please list any supplements or medications you take and the amounts of each:

Medical Information

Do you have any of the following? If so, please list.

- Medical diagnoses or conditions: _____

- History of serious illnesses, hospitalizations, injuries, or surgeries:

When was the last time you felt well? _____

Did something trigger a change in your health? _____

What makes you feel better? _____

What makes you feel worse? _____

Family History

Describe the health of your:

- Mother: _____

- Father: _____

Is there anything from your childhood pertaining to your health you'd like to share?

Do you have any other notable family or personal health information you'd like to share?

Digestive health

- Bloating
- Constipation
- Diarrhea
- Gas
- Nausea
- Stomach Pain
- Other _____

How many bowel movements (on average) do you have per day? _____

Reproductive health

- Infertility
- Irregular Menstrual Cycle
- Low Libido
- Other _____

Immune health

- Autoimmune Conditions
- Frequent Illness or Infection
- Allergies and Sensitivities
- Other _____

Brain health

- Difficulty Concentrating
- Problems With Finding Words
- Problems With Recognizing Faces
- Problems with Organizing
- Brain Fog
- Other _____

NUTRITION

What foods did you grow up eating? _____

How would you describe your past relationship or history with food? Do any specific memories about food or eating come to mind?

Describe your current relationship with food.

Do you have any food allergies or intolerances? If so, please list:

Do any of the following apply to you? (Check all that apply.)

- Challenges with Preparing Meals
- Challenges with Access to Food
- Difficulties Chewing or Swallowing
- Poor Appetite

Do you regularly use any of the following? (Check all that apply.)

- Alcohol Tobacco Products Other Substances _____

Do you follow a specific eating approach/practice for personal, health or religious reasons (e.g., vegan, ketogenic, kosher)? If so, please explain:

What does a typical day of eating look like for you? List a few foods/meals and drinks you usually consume in the corresponding categories:

Breakfast	Lunch
Dinner	Snacks

What, if anything, would you like to change about your nutrition?

EMOTIONAL

Using a 1–5 scale (where 1 = never and 5 = always), rate how often you experience each of the following:

Anger _____ Excitement _____ Fear _____ Joy _____ Love _____

Sadness _____ Stress _____ Worry _____

How would you describe your overall emotional health?

How do you like to support your emotional health?

How do you cope with stress?

What motivates you?

What do you do on a regular basis that gives you joy?

LIFESTYLE

Whom do you live with, if anyone? _____

What are the important relationships in your life?

How many hours per week do you typically work? _____

Using a 1–5 scale (where 1 = very little and 5 = very much), rate how much you find satisfaction in your work: _____

What hobbies or recreational activities do you enjoy?

What role does movement, including sports, exercise, and physical activity, play in your life?

Is there anything you'd like to share about your social life? If so, please explain:

SPIRITUAL

What role does spirituality play in your life, if any?

ADDITIONAL COMMENTS

Is there anything else you'd like to share?
