

# 8 Week Delicious Detox - Health History

Please print or write very clearly.

Name .....

Address.....

Email address..... How often to 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? .....

Relationship status.....Children.....Occupation..... Hours of work per week.....

Do you sleep well? ..... Do you wake up nights? ..... 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 medication? 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 health concern?

.....

.....

Other concerns? .....

How is the health of your mother?.....

How is the health of your father?.....

Siblings?

.....

.....

How is your dental health?

.....

**What foods did you eat often as a child?**

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**What about a year ago?**

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Snacks</u>	<u>Liquids</u>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**What's your food like these days?**

Breakfast

Lunch

Dinner

Snacks

Liquids

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....