

# Health History

Barbara Goshorn, RN MSACN  
The "Nurse Nutritionist"

<b>Name:</b>				<b>Date:</b>	
Occupation:		Age:	Height:	Sex	# of Children:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced					
Are you recovering from a cold or flu? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for office visit:				Date began:	
List current health problems for which you are being treated:					
What types of therapies have you tried for these problem(s) or to improve your health over-all:					
<input type="checkbox"/> diet modification <input type="checkbox"/> fasting <input type="checkbox"/> vitamins/minerals <input type="checkbox"/> herbs <input type="checkbox"/> homeopathy <input type="checkbox"/> chiropractic <input type="checkbox"/> acupuncture <input type="checkbox"/> conventional drugs <input type="checkbox"/> Other _____					
Do you experience any of these general symptoms EVERY DAY?					
<input type="checkbox"/> Debilitating fatigue		<input type="checkbox"/> Shortness of breath		<input type="checkbox"/> Insomnia	
<input type="checkbox"/> Depression		<input type="checkbox"/> Panic attacks		<input type="checkbox"/> Nausea	
<input type="checkbox"/> Disinterest in sex		<input type="checkbox"/> Headaches		<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Disinterest in eating		<input type="checkbox"/> Dizziness		<input type="checkbox"/> Diarrhea	
				<input type="checkbox"/> Constipation	
				<input type="checkbox"/> Fecal incontinence	
				<input type="checkbox"/> Urinary incontinence	
				<input type="checkbox"/> Low grade fever	
				<input type="checkbox"/> Chronic pain/inflammation	
				<input type="checkbox"/> Bleeding	
				<input type="checkbox"/> Discharge	
				<input type="checkbox"/> Itching/rash	
Current medications (prescription or over-the-counter):					
Laboratory procedures performed (e.g., stool analysis, blood and urine chemistries, hair analysis):					
Outcome					
Major Hospitalizations, Surgeries, Injuries: Please list all procedures, complications (if any) and dates:					
Year	Surgery, Illness, Injury				Outcome
Circle the level of stress you are experiencing on a scale of 1 to 10 (1 being the lowest): 1    2    3    4    5    6    7    8    9    10					
Identify the major causes of stress (e.g., changes in job, work, residence or finances, legal problems):					
Do you consider yourself: <input type="checkbox"/> underweight <input type="checkbox"/> overweight <input type="checkbox"/> just right    Your weight today					
Have you had an unintentional weight loss or gain of 10 pounds or more in the last three months?					
Is your job associated with potentially harmful chemicals (e.g., pesticides, radioactivity, solvents) or health and/or life threatening activities (e.g., fireman, etc.)?					
What are your current health goals:					

### Medical History

- Arthritis
- Allergies/hay fever
- Asthma
- Alcoholism
- Alzheimer's disease
- Autoimmune disease
- Blood pressure problems
- Bronchitis
- Cancer
- Chronic fatigue syndrome
- Carpal tunnel syndrome
- Cholesterol, elevated
- Circulatory problems
- Colitis
- Dental problems
- Depression
- Diabetes
- Diverticular disease
- Drug addiction
- Eating disorder
- Epilepsy
- Emphysema
- Eyes, ears, nose, throat problems
- Environmental sensitivities
- Fibromyalgia
- Food intolerance
- Gastroesophageal reflux disease
- Genetic disorder
- Glaucoma
- Gout
- Heart disease
- Infection, chronic
- Inflammatory bowel disease
- Irritable bowel syndrome
- Kidney or bladder disease
- Learning disabilities
- Liver or gallbladder disease (stones)
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological problems (Parkinson's, paralysis)
- Sinus problems
- Stroke
- Thyroid trouble
- Obesity
- Osteoporosis
- Pneumonia
- Sexually transmitted disease
- Seasonal affective disorder
- Skin problems
- Tuberculosis
- Ulcer
- Urinary tract infection
- Varicose veins
- Other \_\_\_\_\_

### Medical (Men)

- Benign prostatic hyperplasia
- Prostate cancer

- Decreased sex drive
- Infertility
- Sexually transmitted disease
- Other \_\_\_\_\_

### Medical (Women)

- Menstrual irregularities
- Endometriosis
- Infertility
- Fibrocystic breasts
- Fibroids/ovarian cysts
- Premenstrual syndrome (PMS)
- Breast cancer
- Pelvic inflammatory disease
- Vaginal infections
- Decreased sex drive
- Sexually transmitted disease
- Other \_\_\_\_\_
- Date of last GYN exam \_\_\_\_\_
- Mammogram  +  -
- PAP  +  -
- Form of birth control \_\_\_\_\_
- # of children \_\_\_\_\_
- # of pregnancies \_\_\_\_\_
- C-section \_\_\_\_\_
- Age of first period \_\_\_\_\_
- Date - last menstrual cycle \_\_\_\_\_
- Length of cycle \_\_\_\_\_ days
- Interval of time between cycles \_\_\_\_\_ days
- Any recent changes in normal menstrual flow (e.g., heavier, large clots, scanty) \_\_\_\_\_
- Surgical menopause
- Menopause

### Family Health History (Parents and Siblings)

- Arthritis
- Asthma
- Alcoholism
- Alzheimer's disease
- Cancer
- Depression
- Diabetes
- Drug addiction
- Eating disorder
- Genetic disorder
- Glaucoma
- Heart disease
- Infertility
- Learning disabilities
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological disorders (Parkinson's, paralysis)
- Obesity
- Osteoporosis
- Stroke
- Suicide
- Other \_\_\_\_\_

### Health Habits

- Tobacco:  
Cigarettes: #/day \_\_\_\_\_  
Cigars: #/day \_\_\_\_\_
- Alcohol:  
Wine: #glasses/d or wk \_\_\_\_\_  
Liquor: #ounces/d or wk \_\_\_\_\_  
Beer: #glasses/d or wk \_\_\_\_\_
- Caffeine:  
Coffee: #6 oz cups/d \_\_\_\_\_  
Tea: #6 oz cups/d \_\_\_\_\_  
Soda w/caffeine: #cans/d \_\_\_\_\_
- Other sources \_\_\_\_\_
- Water: #glasses/d \_\_\_\_\_

### Exercise

- 5-7 days per week
- 3-4 days per week
- 1-2 days per week
- 45 minutes or more duration per workout
- 30-45 minutes duration per workout
- Less than 30 minutes
- Walk - #days/wk \_\_\_\_\_
- Run, jog, other aerobic - #days/wk \_\_\_\_\_
- Weight lift - #days/wk \_\_\_\_\_
- Stretch - #days/wk \_\_\_\_\_
- Other \_\_\_\_\_

### Nutrition & Diet

- Mixed food diet (animal and vegetable sources)
- Vegetarian
- Vegan
- Salt restriction
- Fat restriction
- Starch/carbohydrate restriction
- The Zone Diet
- Total calorie restriction
- Specific food restrictions:  
 dairy  wheat  eggs  
 soy  corn  all gluten
- Other \_\_\_\_\_

### Food Frequency

- Number of servings per day: \_\_\_\_\_
- Fruits (citrus, melons, etc.) \_\_\_\_\_
- Dark green or deep yellow/orange vegetables \_\_\_\_\_
- Grains (unprocessed) Beans, peas, legumes \_\_\_\_\_
- Dairy, eggs \_\_\_\_\_
- Meat, poultry, fish \_\_\_\_\_

### Eating Habits

- Skip meals - which ones \_\_\_\_\_
- One meal/day
- Two meals/day
- Three meals/day
- Graze (small frequent meals)
- Generally eat on the run
- Eat constantly whether hungry or not

### Current Supplements

- Multivitamin/mineral
- Vitamin C
- Vitamin E
- EPA/DHA
- Evening Primrose/GLA
- Calcium, source \_\_\_\_\_
- Magnesium
- Zinc
- Minerals, describe \_\_\_\_\_
- Friendly flora (acidophilus)
- Digestive enzymes
- Amino acids
- CoQ10
- Antioxidants (e.g., lutein, resveratrol, etc.)
- Herbs
- Homeopathy
- Protein shakes
- Superfoods (e.g., bee pollen, phytonutrient blends)
- Liquid meals (Ensure)
- Others \_\_\_\_\_

### I Would Like To:

#### ENERGY - VITALITY

- Feel more vital
- Have more energy
- Have more endurance
- Be less tired after lunch
- Sleep better
- Be free of pain
- Get less colds and flu
- Get rid of allergies
- Not be dependent on over-the-counter medications like aspirin, ibuprofen, anti-histamines, sleeping aids, etc.
- Stop using laxatives and stool softeners
- Improve sex drive

#### BODY COMPOSITION

- Lose weight
- Burn more body fat
- Be stronger
- Have better muscle tone
- Be more flexible

#### STRESS, MENTAL, EMOTIONAL

- Learn how to reduce stress
- Think more clearly and be more-focused
- Improve memory
- Be less depressed
- Be less moody
- Be less indecisive
- Feel more motivated

#### LIFE ENRICHMENT

- Reduce my risk of degenerative disease
- Slow down accelerated aging
- Maintain a healthier life longer
- Change from a "treating-illness" orientation to creating a wellness lifestyle