



Senior Confidential Health History, Intake, and Evaluation

Please print clearly.

Name: _____ Date: _____

Address: _____

City: _____ State: ____ Zip: _____

Best telephone number to reach you? _____

Email: _____

How often do you check email? _____

Age: _____ Height: _____ Date of birth: _____

Birth Place: _____

Current Weight: _____ Weight six months ago: _____

Would you like your weight to be different? Y / N (circle) If so, what? _____

Relationship Status: _____

Children: _____

Grandchildren: _____

Pets: _____

Family/Living Situation: _____

Occupation: _____ Full-time, Part-time, Other: _____

What is your retirement plan? _____

Do you sleep well? _____ How many hours? _____ Do you wake up? _____

Why?



Health Concerns and Goals

Please describe your main health concerns and goals. Other concerns and goals?

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

Any serious illnesses/hospitalizations/injuries?

How is/was the health of your mother and father?

What is your ancestry?

What other health practitioners, healers, helpers, or therapists are you currently seeing (name, specialty, phone #)?



Do you take any medications or supplements? Please list.

Do you have any pain/stiffness/swelling? Please explain.

Do you experience constipation/diarrhea/gas? Please explain.

Allergies or sensitivities? Please explain:

What role do sports and exercise play in your life?

What is your energy like?

Do you still feel independent? Please explain.



Are you a part of a community? Please explain.

What foods did you eat often as a child?

Breakfast	Lunch	Dinner	Snack
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your food like these days?

Breakfast	Lunch	Dinner	Snack
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will family and friends be supportive of your desire to make healthy food and lifestyle choices?

What percentage of your food is home-cooked? Do you cook?

Where do you get the rest from?

Do you crave sugar, coffee, cigarettes or have any major addictions?



The most important thing I could do to improve my health is:

Anything else you would like to share?