

WOMEN'S HEALTH DISCOVERY

Please write or print clearly

Name: _____

Email Address: _____

Best Telephone: _____ How often do you check email? _____

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: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

Top 3 health concerns: _____

Top 3 frustrations or challenges: _____

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

Any serious illnesses + injuries?

How is/was the health
of your mother?

How is/was the
health of your father?

What is your ancestry?

What blood type are you?

Do you sleep well?

How many hours?

Do you wake up at night?

Why?

Any pain, stiffness or swelling?

Are your
periods regular?

How many days
is your flow?

How frequent?

Experience cramps, bloating,
headaches or irritability? Please explain:

Reached or approaching
menopause? Please explain:

Birth control history:

Constipation/Diarrhea/
Gas? Please explain: _____

Allergies or food
sensitivities? Please explain: _____

Please list supplements + medications: _____

Please list healers, helpers + therapies you are involved in: _____

What role does sports + exercise play in your life? _____

What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What percentage of your
food is home cooked? _____

Do you cook? _____

Where do you get the rest from? _____

Do you crave sugar? chocolate? salty snacks? coffee +
caffeinated drinks? cigarettes? other major addiction? _____

Which of your family + friends will support your desire to make food + lifestyle changes?

What would you like to see happen as a result of us working together? What would a "home run" look like for you?

How will your life be different if we achieve this outcome together? How will it be better for you, your family, etc?

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