



# HEALTH HISTORY

JACKIE WORKING

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## PERSONAL INFORMATION

Name :

Date Of Birth :  Gender :  Male  Female

Email :  Phone/Cell :

Full Address :

## ABOUT YOUR CONDITION

Do you have any chronic illness?  Yes  No

Fibromyalgia  Mycotoxins  Hashimotos  Sjogrens  Crohn's  Lymes  Other

If other, please describe

How old were you when you were diagnosed?

Child  Teen  Young Adult  Middle Age  Senior

## PAST TREATMENT & IMPACT

How have these illnesses been treated? Please describe

What has proven effective? Please describe

## ABOUT YOUR HEALTH

How do you define health? Please describe

## ABOUT YOUR HEALTH

What is the challenge you're facing?

Sleeping  Stress  Weight Gain  Weight Loss  Mobility  Other

If other, please describe

Do you have any chronic food allergies?  Yes  No

If yes, please describe

What brought you to a health coach?

Please describe

## IMPACT TO YOUR SURROUNDINGS

What impact is this having on you, your family and/or your relationships?

None  Some  Strong

Please describe (optional)

On a scale of 1-10, where is your stress level?

How does stress affect your relationship with food?

Eat less  Eat more  Binge eating  Other

If other, please describe

## IMPACT TO YOUR SURROUNDINGS

How does it manifest in your body?

Rash  Diarrhea  Body aches  Vomitting  Other

If other, please describe

What do you do for self-care or to unwind?

Drink  Smoke  Drugs  Meditate  Other

Please describe

What obstacles, challenges and/or struggles do you have with regards to your lifestyle?

Shopping  Activities  Driving  Hygene  Other

Please describe

Is there anything that you'd like to be doing for yourself that you're not doing?

Activities  Entertainment  Excercise  Other

Please describe

## HEALTH & WELLNESS

What is the vision you have for your health and wellness?

What is one thing you Love about your life?