

Name: _____ Date: _____

Date of birth: _____ Place of birth: _____ Gender: F M

Telephone number: _____ Cell phone: _____

e-mail address: _____

Address:

What is the main purpose of your visit?

How did you hear about me? _____

Health History:

Do you have any allergies or intolerances? Yes No

If yes, please specify: _____

Do you have any stomach problem such as colitis, gastritis, ulcer, reflux, diberticulosis, or other?

Have you had any surgery procedures?

Do you have any of the following conditions?

High Cholesterol ()

Asthma ()

Other :

High Triglycerides ()

Renal dysfunction ()

Diabetes ()

Hepatic dysfunction ()

High Blood Pressure ()

Depression ()

Heart Disease ()

Gallbladder disease ()

Do someone in your family has /had any of the following conditions?Who?

High Cholesterol ()

Asthma ()

Other :

High Triglycerides ()

Renal dysfunction ()

Diabetes ()

Hepatic dysfunction ()

High Blood Pressure ()

Depression ()

Heart Disease ()

Gallbladder disease ()

Are you usually constipated? Yes No

Are you taking any medications, drugs, vitamins, or herbs? Yes No

If yes, please specify:

Have you ever been on a diet to lose weight? Yes No

If yes, please describe **what** kind of diet, **when** did you did it and **what happened**:

Why did you decided to lose weight **now**?

Smoking habits (Past and present) _____

Do you snore? _____

Do you have problems to sleep? _____

Do you wake up fatigued, or without energy? Yes No

How do you feel about the following aspects?

	Excellent	Very good	Good	Not very good	Bad
Your appearance					
Your Fitness					
Your weight					
Your eating habits					
Your exercise habits					

ONLY FOR WOMEN:

Have you been Pregnant? Yes No

How many kids do you have? 1 2 3 4 5 6 7 8 9

Did you breastfeed? Yes No

If yes, for how long? _____

Food that you most like:

Food that you most dislike and/or can't eat

Do you eat kosher: YES NO

Do you eat Vegetarian: YES NO

24 Hours recall

Name: _____ Date: _____

Time	Food	Number of portions	Calories
Breakfast			
Snack			
Lunch			
Snack			
Dinner			

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