



MammaYoda HEALTH HISTORY

Please write or print clearly. Your information will remain confidential.

PERSONAL

First Name: _____

Last Name: _____

Age: _____ Height: _____ Date of Birth: _____ Place of Birth: _____

Email: _____ How often do you check your email? _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

SOCIAL

Relationship Status: _____

Where do you live? _____

Number of children? _____ Any pets? _____

Children's names & ages: _____

How would you describe a "good parent"? _____

How well do you think you fit into this description? _____

Do you think you have a good relationship with your spouse and/or children? _____

Would you like it to be better? _____

Occupation: _____ How many hours do you work per week? _____

GENERAL HEALTH

Do you have any health concerns? _____

Any current or previous serious illnesses, hospitalizations, or injuries? _____



MammaYoda HEALTH HISTORY

How is/was your mother's health? _____

How is/was your father's health? _____

How is your sleep? _____ How many hours do you sleep per night? _____

Do you wake up during the night? If so, why? _____

Any pain, stiffness, or swelling? _____

Any allergies or sensitivities? _____

STRESS

How do you handle stress? _____

Do you feel you have an unusual amount of stress? _____

What do you think causes you the most stress in your life currently? _____

MEDICAL

List all supplements or medications: _____

Are you involved with any healers, helpers, or therapies? _____

What role do sports and exercise play in your life? _____

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

FOOD

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

Do you enjoy cooking? _____



SELF-CARE

Do you have a self-care routine? (examples: meditation, waking early for a quite cup of coffee, go for a walk)

What does your self-care routine include? _____

If you do not have a self-care routine, would you be interested in creating one? _____

How much time, on any given day, do you spend taking care of yourself? _____

What does this include? _____

If you could spend more time on YOU, what would be the ideal amount of time? _____

What would you do? _____

ADDITIONAL COMMENTS

Is there anything else you would like to share? _____
