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Confidential Health History (men)

Name:

Address:

Email address: *Telephone:*

Who referred you to Bio-Matrix?

Age: *Date of Birth:* *Place of Birth:*

Relationship status:

Current weight: *Weight six months ago:* *One year ago:*

Would you like your weight to be different?

Occupation:

Hours of work per week:

Are you happy with your job?

Please list your main health concerns:

Other concerns?

Any serious illness/hospitalizations/injuries/surgeries? Please include all, even in your earlier years.

Do you have any metal in your body (stents, implants, etc.) or a pacemaker?

Do you have any metal fillings in your teeth? *If yes, how many?*

Any root canals or implants?

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Have you travel outside of US?   When and where?

Have you been sick while traveling?

How is the health of your mother?   Age:

How is the health of your father?   Age:

What is your ancestry?

Check illnesses which have occurred in your blood relatives:

__ Alcoholism __ Diabetes __ Heart disease __ Kidney disease __ Obesity
__ Severe Allergies__ Cancer __ Epilepsy __ High blood pressure __ Mental illness
__ Stroke __ Other: _______

What blood type are you? (If you don't know it, don't worry about it)

How is your energy level?

Do you sleep well?   How many hours?

Do you wake up at night?   Why?

Any pain, stiffness or swelling?

Any digestive issues? (Constipation/Diarrhea/Gas, heartburn, etc)

Explain:

Any skin issues?

Do you have any known or suspected allergies or sensitivities?

What makes them worse?

Do you take any supplements or medications? Please list:

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Any healers, helpers, or therapies that you have tried? Please list:

What role do sports and exercise play in your life?

What food did you eat often as a child?

What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

Do you drink alcohol, what kind and how much?

Do you smoke or have ever smoked?

Do you drink coffee and how much?

What percentage of your food is home cooked?

What percentage is not?

Where do you get the rest from?

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

Do you feel depressed or sad often?

Have you ever taken any medication for that?

Have you had major trauma in your life and when (death or illness in the family, parent's or your own divorce, job loss or change, major move, etc.)?

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(Please list all and the year when it happened. If you prefer to discuss it in person, that is perfectly fine)

How would you rate your health on a scale 1 to 10?

How are you satisfied with you overall appearance presently on a scale 1 to 10?

Anything else you would like to share?

What would you like to improve in your health to make you function to the fullest potential? (List in order of priority)

1
2
3

Add more if you need

Thank you!

Important!

Please bring all the supplements and medications you are currently taking, in the original bottles for your initial appointment.

On the day of your appointment take only the medication what is prescribed by a doctor.

If you have the latest blood work, bring it with you.

Do not use cologne, perfume, essential oils or anything with a fragrance before the appointment.

Do not eat 2 hours before your appointment but drink plenty of water.
Do not drink alcohol 24 hours prior to your appointment.