

Healthy History - Nutrition

Name: _____ **Age:** ____ **Blood Type:** ____ **Date:** _____

Thank you for taking the time to complete this form. The more information provided, the better we will be able to come up with the best health plan to match your lifestyle.

At what age did you feel your best: _____ At what age did your health problems begin: _____

BOWEL MOVEMENTS:

Currently, since _____ (year or age) I have experienced the following:

My stools are banana length ___ most times; ___ sometimes; ___ infrequently; ___ never

On average, I have a bowel movement ___ 2x a day; ___ 1x a day; ___ every 2nd day;

___ every 3rd day; ___ every 4th day or longer. ___ I feel I could do better in this department.

If you do not remember having banana length stools, go to the Bowel Description Section.

In the past when I was feeling my best, I was experiencing the following:

My stools were banana length ___ every time; ___ sometimes; ___ infrequently; ___ never

On average, I had bowel movement at least ___ 2x a day; ___ 1x a day; ___ every 2nd day;

___ every 3rd day; ___ every 4th day or longer. What I am experiencing now is ___ better ___ worse.

BOWEL DESCRIPTIONS:

(place a ✓ beside those which apply to you whether it is only sometimes or most of the time)

___ dry stools, eg. round balls; ___ soft smooth stools; ___ pencil thin stools; ___ smelly stools;

___ dark brown stools; ___ light-medium brown stools; ___ mucousy stools; ___ diarrhea

___ stools which show pieces of what you've eaten; ___ very loose stools, eg. mainly liquid.

DIGESTIVE COMPLAINTS:

Please place a ✓ beside those which apply to you even if it is only sometimes.

___ stomach pain after eating; ___ stomach pain when hungry; ___ heart burn or acid reflux;

___ pain below the belly button after eating (any time up to 1 1/2 hours); ___ flatulence;

___ feel as if my food just "sits" in the stomach after eating a large meal; ___ burping problems;

___ feel better with frequent smaller meals; ___ feel better when I take my digestive enzyme.

Please place a ✓ in the appropriate blanks and circle foods which apply when given in a list.

___ I drink reverse osmosis purified water; or ___ I drink _____

___ I drink less than 3 glasses of water a day; ___ more than 3 glasses of water a day;

___ My 3 favourite juices: _____; _____; _____.

___ I drink ___ glasses of juice a day; ___ I also drink: ___ regular black tea; ___ herbal tea;

___ coffee; ___ fruit smoothies; ___ cow's milk; ___ soy or rice milk; ___ (other) _____

How much coffee? How much alcohol? _____

___ # of fruit servings on a good day; ___ # of fruit servings on a bad day

___ # of vegetable servings on a good day; ___ # of vegetable servings on a bad day

Comment: _____

Do you eat cold or hot breakfast cereals? ___ yes; ___ no; If yes, how many times per week? ___

What kind of bread do you eat? _____

What kind of bread substitutes do you eat, eg. rye crisps, rice crackers, ritz or saltine crackers?

How many servings per day do you usually have of bread? ___ of crackers? ___ of muffins? ___

How many servings per week do you have of store bought cookies, pie, cake or tarts? _____

Do you make or buy muffins or cookies or cakes with non-wheat flours? ___ yes; ___ no

If so, please comment on how you are adjusting to the new taste or texture?

What kind of salty snack foods do you like to eat? _____

How many *times a week* do you eat: ___ tomatoes? ___ potatoes? ___ yams? ___ cabbage?

___ corn? ___ lentils? ___ seeds? ___ wheat pasta? ___ other pastas? eg. spelt or brown rice

Do you eat frozen vegetables? ___ yes; ___ no. Canned vegetables? ___ yes; ___ no.

Do you microwave *cook* or *re-heat* any food? ___ yes; ___ no; if yes, how often? _____

What percentage of fresh vegetables do you eat? ___ 50% ___ 40% ___ 30% ___ 20% or less

What kind of meat do you eat? ___ beef; ___ pork/ham; ___ chicken; ___ turkey; ___ lamb; ___ n/a

How many servings per week of meat? ___ How many servings per week of poultry? ___

What kind of fish do you eat? ___ Pacific salmon; ___ Atlantic salmon; ___ sardine; ___ pickerel;

___ trout; ___ cod; ___ sole; ___ perch; ___ snapper; ___; canned salmon; ___ canned tuna

How many servings per week of fresh fish? ___ How many servings per week of frozen fish? ___

Please place a ✓ in the appropriate blanks and comments in the space provided or use the back.

___ I am a follower of the blood type diet, for ___ months/years and my compliance is ___ %.

___ I know about the BTM but have not yet incorporated it into my lifestyle – I'd like some help.

___ I am not sure or confident about the blood type diet so for now, will not be focusing on it.

___ I am not really following any particular dietary program or philosophy at this time;

___ I am a vegetarian; ___ I am a vegan; ___ I follow an ayurvedic system for eating;

My satisfaction with the above choice on a scale of 1-9 with 9 being fabulous is: ___

___ I am 100% raw foodist; ___ I am mainly (___ %) raw foodist and this journey began or has lasted _____.

Please use this space to comment further about your dietary habits or philosophy:

___ I am responsible for cooking/preparing meals for ___ myself only; ___ one other person who eats the same food/follows the same philosophy or ___ does not eat the same food, as I do;

___ I am at ease with preparing food for more than myself and one other;

___ I would like some help with preparing food for two or more people.

___ I only care about looking after my own meal plans, at least for now.

Three Positive Statements about Food Preparation I can make (following our example, please use your own words to create positive statements – you can just type over our examples, if you like)

___ I consider myself to be a good cook and feel motivated to want to improve my diet.

___ I love food so whatever advice or suggestions I'm given, I feel motivated to climb on board.

___ I look forward to seeing the results in terms of increased energy once I improve my diet.

Three Honest Statements about Food Preparation I can make (following our example, please use your own words to give us some insight – you can just type over our examples, if you like)

___ I have been known to resist making significant dietary changes due to a negative experience.

___ I may not be the greatest cook; however, give me the direction and I'll do the best I can.

___ I desire simplicity due to ___ time constraints; ___ shopping challenges; ___ finances.

___ I have certain medical conditions or food intolerances which must be addressed in my food program and, as such, will explain further in the health questionnaire I'm requesting you send me.