



# HEALTH EVALUATION FORM

*for nutritionists and coaches*

# Health Evaluation Form

PERSONAL	DATE		GENDER	
	NAME		AGE	
			HEIGHT	
	PHONE		WEIGHT	
	EMAIL		IDEAL WEIGHT	

CHALLENGES	SESSION FOCUS	
	TOP CLIENT PRIORITIES	
	DIAGNOSES & HEALTH CHALLENGES	
	MAJOR HEALTH EVENTS	

DIGESTION	DIGESTIVE SYMPTOMS			
	OTHER	<input type="checkbox"/> BRAIN FOG	<input type="checkbox"/> HEADACHES	<input type="checkbox"/> JOINT PAIN
	BOWEL MOVEMENTS			
	DISTRUPTIVE FOODS			
	ALLERGIES & INTOLERANCES			

**STRESS**

STRESS LEVEL

SOURCES

MANAGEMENT

MOVEMENT

**SLEEP**

AVG HOURS

QUALITY

CHALLENGES

HYGENE

**CONSUMPTION**

WATER INTAKE

WATER SOURCE

IDEAL INTAKE

CAFFEINE INTAKE

ALCOHOL INTAKE

SMOKING

MEDICATION

SUPPLEMENTS

**DIET**FREQUENTLY  
CONSUMED  
FOODS

SNACKING

MEAL  
FREQUENCY

CRAVINGS

EATING OUT  
FREQUENCY

FAVORITE FOODS

LESS FAVORITE  
FOODS**RECOMMENDATIONS**

LIFESTYLE

DIET

SUPPLEMENTS

**OTHER**

OBSERVATIONS



**NAME**

**DATE**

**SUPPLEMENTS**

**DOSE**

**FREQUENCY**

**TIMING**

**NOTES**

**DIET & LIFESTYLE**

# Weekly Meal Plan

**BREAKFAST**

**LUNCH**

**DINNER**

**SNACKS**

**MON**

**TUE**

**WED**

**THU**

**FRI**

**SAT**

**SUN**



# Calorie Intake Tracker

Day	Breakfast	Lunch	Dinner	Snack
SUN				
MON				
TUE				
WED				
THU				
FRI				
SAT				

# Food and Mood Journal

## MONDAY



each glass represents 8 oz water = 80 oz goal

### breakfast

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### lunch

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### dinner

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

## TUESDAY



each glass represents 8 oz water = 80 oz goal

### breakfast

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### lunch

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### dinner

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

## WEDNESDAY



each glass represents 8 oz water = 80 oz goal

### breakfast

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### lunch

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### dinner

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

# Food and Mood Journal

## THURSDAY



each glass represents 8 oz water = 80 oz goal

### breakfast

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### lunch

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### dinner

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

## FRIDAY



each glass represents 8 oz water = 80 oz goal

### breakfast

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### lunch

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### dinner

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*



# Food and Mood Journal

## SATURDAY



each glass represents 8 oz water = 80 oz goal

### breakfast

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### lunch

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### dinner

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

## SUNDAY



each glass represents 8 oz water = 80 oz goal

### breakfast

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### lunch

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

### dinner

*what I ate*

*notes*

---

*sluggish, heavy  
& still hungry*

*light, energized  
& satisfied*

# Mental health

## Daily tracker

Date \_\_\_\_\_

Mo Tu We Th Fr Sa Su

My sleep last night was



Approx. hours \_\_\_\_\_

Get up time \_\_\_\_\_

How am I feeling this morning?

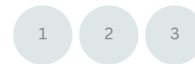


Day to do list

- Brush teeth and wash face
- Get done work tasks
- Eat breakfast and lunch
- Open a window and get fresh air
- Time off screens
- Move my body or take a walk

Today I intend \_\_\_\_\_  
\_\_\_\_\_

Eye exercises



Cups of water



Evening to do list

- Read c20 pages of a book
- Meditate for 10 minutes
- Brush teeth and wash face
- Write to my journal
- Workout for 30 minutes
- Take a shower

How am I feeling this evening?



Am I satisfied with this day?



I am grateful today for

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What I like about myself today

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What I managed to do today

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What I would like to tell myself for tomorrow

Notes

How and what would I like to feel tomorrow

joy appreciation empowered enthusiasm fun proud  
strong active love passion freedom happiness  
optimism belief hope inspired courage interest  
amusement gratitude delight relaxed calm confident  
curious focused worthy thrilled self-respecting kind

# My mental health

## Everyday tracker

Date .....

- Mo
- Tu
- We
- Th
- Fr
- Sa
- Su

I am grateful today for

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What I like about myself today

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What I wish myself for tomorrow

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My sleep last night was



Approx. hours .....

Get up time .....

How am I feeling today?



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Am I satisfied with this day?



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## Habits tracker

Workout

Meditation

Read a book

Take a walk

Eye exercises

Water

# Sleep Tracker

Month:

Year:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Sleep							
Hours							
Wake Up							
Mood							

Notes:

# Sleep Tracker

JAN / FEB / MAR / APR / MAY / JUNE / JUL / AUG / SEP / OCT / NOV / DEC

DATE	PM	AM	SLEEP QUALITY
1	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
2	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
3	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
4	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
5	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
6	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
7	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
8	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
9	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
10	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
11	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
12	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
13	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
14	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
15	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
16	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
17	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
18	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
19	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
20	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
21	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
22	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
23	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
24	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
25	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
26	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
27	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
28	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
29	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
30	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○
31	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12	○ ○ ○ ○ ○

Notes

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# Period Tracker

	J	F	M	A	M	J	J	A	S	O	N	D
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KEY	
	SPOTTING
	LIGHT
	MEDIUM
	HEAVY
	CRAMPS
	TIRED
	FATIGUE
	ACNE
	HEADACHE

CYCLE LENGTH	
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

NOTES

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# Follow Up Notes

**DATE**

**SESSION FOCUS**

# Bioindividual Diet

## SELF-ASSESSMENT

What words come to mind when thinking of an ideal diet/health?

What are my top 3 health priorities?

- 1.
- 2.
- 3.

What are the 3 most healthy foods I currently eat?

- 1.
- 2.
- 3.

What are the 3 most unhealthy foods I currently eat?

- 1.
- 2.
- 3.

What foods do you want to eat more of?

What foods make me feel best?

Which foods make me feel worst?

# Hydration Status

## SELF-ASSESSMENT

- I experience cramps (calf, foot, or toe) at rest
- I pinch the skin on my forearm, it is slow to snap back
- I often feel dizzy or lightheaded
- I do not have a bowel movement every day
- I experience dry mouth, lips, and eyes
- I get frequent headaches
- I am often fatigued and irritable
- I tend to have low blood pressure
- My urine tends to be dark yellow
- My bowel movements tend to be hard and difficult to pass
- I drink several cups of caffeine each day
- I do not think about drinking water throughout the day
- I have sunken, dry eyes
- I drink reverse osmosis water without added minerals
- I have low energy and brain fog
- I have dry, flaky skin
- My muscles are easily fatigued I tend to have a rapid heartbeat
- I only urinate a few times a day
- I drink more soda, tea, or coffee than water

\_\_\_\_\_ **TOTAL**

a score of 8+ indicates the need to increase water intake and support electrolyte balance

# Signs & Symptoms

## SELF-ASSESSMENT

- I often feel excessively full after eating
- I experience burping, gas, or bloating
- I experience acid reflux or heartburn experience nausea after eating
- Sugary foods make me bloated about an hour after eating
- Certain foods cause a gnawing feeling in my stomach
- I have several food sensitivities or other allergies
- I have acne, rashes, or other skin conditions
- I experience joint pain and stiffness
- I experience sinus pressure and excessive mucus production
- I experience brain fog, mood swings, anxiety, or depression
- I crave bread, pasta, sugar, and yeasty foods
- My stools tend to be soft and runny
- My stools tend to be hard and difficult to pass
- My stools fluctuate between being very soft and very hard
- I have a bowel movement less than once a day
- I can often see undigested food particles in my stool
- I tend to eat quickly or when distracted
- I eat at random times throughout the day
- I try to eat a healthy diet, but sense that I should feel better than I do

\_\_\_\_\_ **PART 1: DIGESTIVE HEALTH**

- I am always thinking about the next time I can eat
- I need pick-me-ups throughout the day
- I get sleepy after meals, especially lunch
- I have tried to watch what I eat and count calories, but I can't seem to lose weight
- Short-term diets do not work for me
- I feel like I am a slave to my cravings and need for snacks
- I feel like my energy level is related to what I eat
- I crave sugar or caffeine
- I only drink coffee/tea in the morning
- I usually eat carbs (cereal, toast, bagel, fruit, juice, sweetened yogurt, granola, etc.) as the base of my breakfast
- I usually eat carbs (bread, pasta, grains, fruit, sugar-sweetened foods) as the base of my meals
- I tend to skip meals
- I am vegan/vegetarian
- I feel out of touch with my body
- I have trouble sleeping and wake up in the middle of the night
- I get shaky and weak if a meal is skipped
- If I do not eat regularly, I get moody or "hangry" (hungry + angry)
- I have brain fog throughout the day
- I feel like I eat a lot of sugar
- I eat at random times throughout the day

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## **PART 2: BLOOD SUGAR RHYTHM TOTAL**



- I experience cramps (calf, foot, or toe) at rest
- I have irregular bowel movements: constipation, diarrhea, or both
- I have a history of herniated discs or bone spurs.
- My joints often pop and click
- I crave chocolate
- I tend to get sick or feverish often
- The whites of my eyes are slightly blue tinted
- I experience a dry mouth and a lump in my throat
- I tend to gag easily
- I have white spots on my fingernails
- My cuts tend to heal slowly and form scars
- I experience a decreased sense of taste or smell
- I have a history of an eating disorder
- I often experience numbness and tingling in my hands and feet
- I have brittle nails and hair
- I crave ice and non-food items
- I have been tested to have low bone density
- I have low energy and brain fog
- I follow a diet that limits or eliminates certain foods or food groups
- I have a general lack of appetite

\_\_\_\_\_ **PART 3: MINERAL STATUS TOTAL**

- I crave fatty or greasy foods
- I currently eat a reduced-fat diet
- I have eczema, rashes, or scaly skin
- I experience headaches in the hot sun
- I have dry, flaky skin or dandruff
- No matter how much lotion I use, my skin is still dry
- I experience pain relief from aspirin
- My cuts tend to heal slowly
- I tend to get infections often
- I experience excessive hair loss
- I have had my gallbladder removed
- I ate a low-fat diet in the past
- I know that I have deficiency(s) of fat-soluble vitamins: A, D, E, K
- I sunburn easily
- My muscles are easily fatigued
- I experience symptoms of depression
- I have dry eyes or low tear production
- I get tension headaches at the base of my skull
- I experience nausea after eating large amounts of fat
- My stools often float or appear greasy

\_\_\_\_\_ **PART 4: FATTY ACID STATUS TOTAL**

- I experience cramps (calf, foot, or toe) at rest
- I pinch the skin on my forearm, it is slow to snap back
- I often feel dizzy or lightheaded
- I do not have a bowel movement every day
- I experience dry mouth, lips, and eyes
- I get frequent headaches
- I am often fatigued and irritable
- I tend to have low blood pressure
- My urine tends to be dark yellow
- My bowel movements tend to be hard and difficult to pass
- I drink several cups of caffeine each day
- I do not think about drinking water throughout the day
- I have sunken, dry eyes
- I drink reverse osmosis water without added minerals
- I have low energy and brain fog
- I have dry, flaky skin
- My muscles are easily fatigued I tend to have a rapid heartbeat
- I only urinate a few times a day
- I drink more soda, tea, or coffee than water

\_\_\_\_\_ **PART 5: HYDRATION STATUS TOTAL**

# Signs & Symptoms

## TOTALS

\_\_\_\_\_ 1: DIGESTIVE HEALTH

\_\_\_\_\_ 2: BLOOD SUGAR

\_\_\_\_\_ 3: MINERAL STATUS

\_\_\_\_\_ 4: FATTY ACID STATUS

\_\_\_\_\_ 5: HYDRATION STATUS

**TOTAL SYMPTOM BURDEN SCORE (out of 100)**

**TOP 3 HEALTH CONCERNS OR GOALS**

1

2

3

**ACTIONABLE STEPS TO REACH THOSE GOALS**

1

2

3