

**Hope & Health Nutrition Services
Health History and Information**

Name: _____ Birthday: _____ Gender: _____

Address: _____

Home phone number: _____ Cell phone number: _____

Best time to contact: _____

Email address: _____

MEDICAL CONDITIONS & MEDICATION

Below, please indicate any medical conditions with which you have been diagnosed:

_____ diabetes _____ high blood pressure _____ prior stroke

_____ arthritis _____ prior heart attack

Please list other health issues you have: _____

Please list any medications you currently take: _____

Please list any supplements (such as multivitamin, herbs, etc.) you currently take: _____

