



*Feel better...
Live better*

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Confidential Health Profile

Name_____ Date of Birth_____ Age_____

Address_____ City_____ State____ Zip_____

Daytime Phone _____ Evening Phone_____ Cell_____

Email Address_____

How did you hear about me? _____

Personal Information

Approx. Height_____ Approx. Weight _____ Blood Type_____

Occupation_____ # of hours per week _____

On a scale from 1 to 10, how would you rate your daily stress level?
(10=worst)_____ Do you smoke? _____

Health Issues and Goals

What is your reason for working with a nutrition consultant? If you have a specific health condition, please describe it in detail including the first time you noticed your condition. Please list any factors you suspect may have played a role in its onset and continuation.

How would you describe your state of health? _____

List any medications (prescription and/or over the counter) that you are *currently* taking.

Medication:	For what:	Dosage:	Taking for how long:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

List any nutritional supplements and/or herbs you are *currently* taking.

Supplement/Herb	For what:	Dosage:	Taking for how long:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Please place a next to all of the following substances that you use and/or consume:

- _____ Tap Water
- _____ Hair Dyes
- _____ Packaged Food
- _____ NutraSweet/Sweet n' Low
- _____ Candy
- _____ "Normal House Cleaning Products (*not* "green" products)
- _____ "Normal" Cosmetics (*not* health food store types)

Do you have any food allergies and/or sensitivities? Any environmental allergies?

Allergy/Sensitivity:	When did you first notice?
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Daily Food Journal—Day 1

Day/Date: _____	Time	Food
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack/Dessert		

Daily Exercise/Activity Journal—Day 1

What exercise or activity?	For how long?	What did you notice?

Daily Food Journal—Day 2

Day/Date: _____	Time	Food
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack/Dessert		

Daily Exercise/Activity Journal—Day 2

What exercise or activity?	For how long?	What did you notice?

Daily Food Journal—Day 3

Day/Date: _____	Time	Food
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack/Dessert		

Daily Exercise/Activity Journal—Day 3

What exercise or activity?	For how long?	What did you notice?