FASTING
AND THRIVING

Health Questionnaire

Personal Information				
Full Name				
Date of Birth				
Height				
Weight				
Blood Pressure				
Resting Heart Rate				
Medical History				
Medications or active substance	Dose / Frequency		Since	Observations
Antibiotics during last 6 months	NO	YES		
Illnesses / surgeries	NO	YES	Year	Observations
Ulcers / Heart burn				
Other digestive issues				
Constipation				
Liver				
Hepatitis A, B, C				
Diabetes type I				
Diabetes type II				
Thyroid				
Kidneys				
Respiratory System				
Asthma				
Cardiovascular				
Skin				
Reproductive System				
Menopause				
Musculoskeletal Disorders				
Herniated Disc				
Eyes and Ears				
Surgeries				
Hip Replacement				
General Anesthesia				How many?
Local anesthesia (specify)				
Fractures				
Migranes				
Blood Glucose / Highs				
Hyperthyroidism				

Illnesses / surgeries	NO	YES	Year	Observations
Hypothyroidism				
Vertigo and/or dizziness				
Other				

Last Blood Test Analysis
Date:
Abnormal values?

Physical Activity	
What physical activities do you engage in	
How many hours per week (total)	

Product Use / Risk Factors	NO	YES	Amount / day
Nicotine			
Alcohol (wine, beer, other)			
Coffee			
Tea			
Other			

Family related risk factors (history of....)

Weight Maintenance				
Your Normal Weight	Increases	Constant +/- 6 lb	Decreases	Since?
Excessive Sweating	YES	NO	Since?	

Sensitivity Factors	YES	NO	How much? (*5 is maximum and 1 is minimum as function of its intensity*)
Hypersensitivity to Cold / Heat			
Hypersensitivity to weather changes			
Nervousness			
Stress			

Sleep	Good	Poor	YES	NO
Quality				
Frequent awakening				
Difficulty falling asleep				
Awakening too early				
How many hours of sleep / night				

Nutritional Factors				
How many times do you eat per day, including snacks?	2-3	4-5	5 or more	
Thirst sensation	Excessive	Normal	Low	
Portions of fruits/vegetables per day?	None	1-3	4 -7	7 or more

	<2	2-3	4-5	+5
How many days per week do you eat outside your home?				

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• Delete your personal information from our records; and

• Direct any service providers to delete your personal information from their records.

Otherwise we will use your personal information, internally, in a lawful manner that is compatible with the context in which you provided the information, enabling solely

internal uses that are reasonably aligned with your expectations based on your relationship with us.

For the full statement of our Privacy Policy visit us at www.mybestselfretreats.com/privacypolicy

Acknowledged on _____

date

_____ _____

Print Name Signature

Please send this document properly filled out and signed to info@mybestselfretreats.com