



**CONFIDENTIAL HEALTH HISTORY**

Dear Student,

You are registered for course #3805-286, "Cleanse for Women: Tonify, Detoxify & Balance Your Body, Mind, & Spirit," which includes, "The Radiant Power of Women: Embodying a Daily Spiritual Practice," with with Gurmukh Kaur Khalsa, Wahe Guru Kaur Khalsa, and Sukhdev Jackson PLUS a special cleansing regimen led by Shivanter Singh. The dates of the course are August 9-14, 2015.

Please complete and return this Health History Form by:

Mail:  
Omega Institute for Holistic Studies  
Attn: Registration Dept  
150 Lake Drive  
Rhinebeck, NY 12572

Or scan and email:  
[classapplications@eOmega.org](mailto:classapplications@eOmega.org)

**PLEASE RETURN NO LATER THAN JULY 31, 2015**

Confidential Health History  
**Please write or print clearly**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ How often do you check email: \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Current Weight: \_\_\_\_\_ Weight six months ago: \_\_\_\_\_ Weight one year ago: \_\_\_\_\_

Would you like your weight to be different: \_\_\_\_\_ If so, what: \_\_\_\_\_

Relationship status: \_\_\_\_\_

Children: \_\_\_\_\_ Pets: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hours of work per week: \_\_\_\_\_

Please list your main health concerns: \_\_\_\_\_

Awakening the Best in the Human Spirit

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Other concerns and/or goals: \_\_\_\_\_

\_\_\_\_\_

At what point in your life did you feel best? \_\_\_\_\_

\_\_\_\_\_

Any serious illnesses/hospitalizations/injuries? \_\_\_\_\_

\_\_\_\_\_

How is/was the health of your mother? \_\_\_\_\_

\_\_\_\_\_

How is/was the health of your father? \_\_\_\_\_

\_\_\_\_\_

What is your ancestry? \_\_\_\_\_ What blood type are you? \_\_\_\_\_

\_\_\_\_\_

Do you sleep well? \_\_\_ How many hours? \_\_\_\_\_ Do you wake up at night? \_\_\_\_\_

If you wake up at night, why? \_\_\_\_\_

Any pain, stiffness, or swelling: \_\_\_\_\_

\_\_\_\_\_

Constipation/diarrhea/gas? Please explain: \_\_\_\_\_

Do you take any supplements or medications? \_\_\_\_\_ Please list: \_\_\_\_\_

\_\_\_\_\_

Any healers, helpers or therapies with which you are involved? \_\_\_\_\_ Please list: \_\_\_\_\_

\_\_\_\_\_

What role does sports and exercise play in your life? \_\_\_\_\_

\_\_\_\_\_

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

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**What's your food like these days:**

**Breakfast                      Lunch                      Dinner                      Snacks                      Liquids**

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**Will family and/or friends be supportive of your desire to make food and/or lifestyle changes?**

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**What percentage of your food is home cooked? \_\_\_\_\_ Do you cook? \_\_\_\_\_**

**Where do you get the rest of your food from? \_\_\_\_\_**

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**Do you crave sugar, coffee, cigarettes, or have any other major addictions? \_\_\_\_\_**

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**The most important thing I should change about my diet to improve my health is: \_\_\_\_\_**

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**Anything else you want to share? \_\_\_\_\_**

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