



## Functional and Integrative Medicine of McCall Holistic Health Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

### Physical Health:

- What type of exercise are you getting? \_\_\_\_\_
- How many times per week? \_\_\_\_\_
- Do you do any regular stretching? \_\_\_\_\_
- How much alcohol do you drink in an average week? \_\_\_\_\_
- How many cups of caffeinated beverages do you have per day (including soda)? \_\_\_\_\_
- Do you smoke?  Yes  No Do you chew tobacco?  Yes  No  Never Started Quit: \_\_\_\_\_  
 Currently  Everyday  Occasionally  Approximately \_\_\_\_\_ Per day/week
- How would you describe your diet (most of the time)? \_\_\_\_\_
- How many servings per day do you eat? (Use a per/week estimate if not everyday)  
Chicken, meat, fish or eggs: \_\_\_\_\_  
Dairy: \_\_\_\_\_ Fruits and vegetables: \_\_\_\_\_
- Please list all supplements or herbs you are taking and amount of each. (You may attach a sheet if you would like.)  
\_\_\_\_\_  
\_\_\_\_\_
- Please list any alternative therapies you are using: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you craving salt, sugar or fat during a certain time of day? \_\_\_\_\_
- Are you having problems with bingeing? \_\_\_\_\_
- Have you had lab work elsewhere or seen any other physician since I last saw you? Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Are you concerned you may have been exposed to any toxic substances? \_\_\_\_\_
- How would you rate your overall health? \_\_\_\_\_

### Mental Emotional Health

- How would you describe your mental/emotional health at this time? \_\_\_\_\_  
\_\_\_\_\_
- Are you having any problems with addictions? \_\_\_\_\_
- What is your sleep like? \_\_\_\_\_
- Do any emotions seem excessive such as anger or sadness? \_\_\_\_\_
- What are you doing for fun? \_\_\_\_\_
- How do you express your creativity? \_\_\_\_\_
- How many hours per week are you working? \_\_\_\_\_
- What are your significant stresses and how do you handle them? \_\_\_\_\_
- Are there any things about yourself that you would like to change? \_\_\_\_\_

### Spiritual Health

- Please list any spiritual practice you have: \_\_\_\_\_
- Do you feel connected to your family and/or community? \_\_\_\_\_
- Do you feel that your life has meaning or purpose? \_\_\_\_\_