

## Health and Lifestyle History

Your answers to these questions will assist me in understanding what nutritional, lifestyle changes or alternative health protocols I would select to assist you. You understand I am an alternative medical solution researcher and any ideas I present are not endorsed by anyone from organized medicine or any government organization. Further, many resources I have recommended to others have been banned, hounded and otherwise harassed by FTC, FDA, AMA and others. Please think for yourself, gather every bit of information you can on any possible solutions and make your own choices regarding your health.

Dale Maxwell, CT, Personal Coach.

I am authorized under [Cal BP2068](#) "State law allows any person to provide nutritional advice or give advice concerning proper nutrition--which is the giving of advice as to the role of food and food ingredients, including dietary supplements."

Please give me as detailed and verbose information as you can. Any other material such as stool test, blood test, etc. can be faxed also.

If you do not want to put your name on the document please use any alias you choose and let me know in a separate fax how to communicate with you.

### Physical

#### Basics

- Age
- Height
- Weight
- Blood Type?
- Vision
- Hearing
- Skin
- Body Temperature

#### Accidents

Any time you experience an accident your body may contract, this is not unusual, you will usually recover from the contraction in just a little while. In some cases your body may stay in contraction and this can result in disease. Contraction of the pancreas can cause digestion problems for instance.

- Injury
- Stress

#### Dental

- Root Canals
- Metal
- Fillings

Appliances  
Crowns  
Pulled teeth

## Surgeries

Days in Hospital  
Drugs

## Drugs

Now  
Before

## Supplements

What  
How much  
Timing

## **Emotional**

Do you have a model that you can now notice that does not serve you for the good health you deserve?

A common survival position that you may have adopted as a child is to bottle up your opinion, emotions, feelings so that you will obtain acceptance of the people who had power over you. These patterns served you well and allowed you to grow up. However these behaviors may not be appropriate for you now. Notice how you answer the questions and examine whether some changes may assist you in your pursuit of health.

Answer these questions for each emotional area:

How do you handle it?

With Acceptance and joy

With anger

Outwardly quiet - inside upset

## Change

How do you handle it?

With Acceptance and joy

With anger

Outwardly quiet - inside upset

## Job history

Hazards

Worked In Building

Closed System?

Did you have windows that would open? Were they open?

## Living Situation

Time

How many People

## Relationships

Duration

How often

Support for alternative health solutions

Financial

Emotional

## Childhood

Mother

Father

Siblings

Schooling

## Moving

How do you handle it?

With Acceptance and joy

With anger

Outwardly quiet - inside upset

## Security

Full understanding of money management

Feeling in control

## For Men

Sex

Vasectomy

When

One partner

How long

Ejaculation frequency

## For Women

Sex

Difficult or Enjoyable

Children

When

How Many

Easy

Difficult  
C-section  
Nursed - How Long  
One partner  
How long  
Orgasm frequency

## **Complaints**

List each of your complaints, when did they start and more.

When

What

How

## **Foreign Travel**

Where

When

Any immediate signs of discomfort

## **Animals**

Kind

When

How long

## **Housing History**

Time in house before problem

Pipes

Copper

Galvanized

PVC

Recreation Vehicle

Trailer

Motor home with inside access to motor (most)

How long and how recent

## **Eating habits**

What

How often

How much

What Supplement

How many

With meals

Other times

Water

Distilled

City

Well

Mineral

How much each day?

Juicing

## **Digestion**

Items you avoid

What Upsets You

When did this start

What Supplements are you taking to assist digestion

## **Cleanses**

What have you done to clean out toxins?

Colon Cleaning

Bulking programs?

Colonics How many

Last year

Prior

Enemas

Coffee

How often  
Other: (herbs, Friendly Bacteria, what?)

## Parasite Cleanses

When  
What did you use  
When was the last one

## Liver Cleanse

Flush  
When  
When was the last one  
What did you use  
How often  
Cleans (Herbs)  
When  
When was the last one  
What did you use  
How often

## Ears

Candling  
When  
When was the last one  
What did you use  
How often  
Oil  
When  
When was the last one  
What did you use  
How often

## Goals

6 Months

1 Year

2 years

5 Years

10 Years

20 Years

Daily Planner

Areas

Health

Spiritual

Financial

Education

Vacation and hobbies

Career

Charitable

Family

## **Instructions**

Fill out this document as best you can and fax to 800-868-7298.

If you are uncomfortable with putting your name on this document use a pen name.

If you prefer you may mail to:

Dale Maxwell, CHT, Personal Coach

1547 Palos Verdes Mall Suite 314

Walnut Creek, CA 94597

Choose:

I would like this information reviewed and then call me for a telephone coaching session.

Please review this information and send me your ideas.

Order the suggestions in the following order:

Most likely first

Cheapest first

Money:

I can pay for coaching

I need free help