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The Client Gut Health History

Name: _____Birthday: September 25, 1967

Were you breast fed? Yes Delivered vaginally? Yes Caesarian? _____

Mother's History:

Did your mother have any female reproductive health issues prior to pregnancy? If yes, please describe No known but did suffer from endometriosis later in life

Did your mother suffer from yeast infections, prior to pregnancy, during pregnancy or while breast feeding? If yes, explain: Not known
Was your mother on any other medications prior to pregnancy, during pregnancy or while breast feeding? If yes, explain: No

Did your mother take antibiotics? Not known but unlikely

Before Pregnancy_____ During Pregnancy_____ During Delivery_____ (IAP)

Was your mother on antibiotics while she was breast feeding (if you were breast fed)? No

Your First Two Years

Were there any family traumas during the first two-years of life? No

Were you on antibiotics before the age of two? No

Did you have any pets? If so what and how many? Not at this time

What vaccinations did you receive by the age of two? None

Any illnesses during this time? Colds

Any other medications during this time? No

What were your first foods? Pablum, pureed cooked fruits and vegetables

What types of foods did you eat by the age of two (be specific)? White bread, chicken, fruits – banana, oranges, apples, seasonal strawberries, raspberries and blueberries vegetables, cream of wheat, oatmeal, potatoes, broccoli, peas, tomatoes, corn, beans, pasta,

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Age 2-5

Did you have illnesses at this time? Colds, tonsillitis

Were you on antibiotics? Yes How often? Twice – once for tonsillitis and once after surgery for tonsil removal

Did you receive any vaccinations? Yes, booster shot

Were you on any other medications? No

Did you play outside during this time – what kind of activities did you do? Did you go barefoot outside? Describe? Play outside all summer, frequently during the winter, fall and spring – not allowed to watch TV during the day unless it was raining. Played barefoot in the summer, played in sandbox and on the grass frequently What other types of activities did you do? Watch TV, played indoors in the basement – games etc. How much exercise did you get? Running, climbing, swings and climbing on the swing bars
Were there any stressful issues or trauma in your family life at this time? Broke my arm

What did you eat? List specific you remember eating foods

Grains	Legumes	Vegetables	Fruits	Dairy	Nuts/Seeds	Meat/Fish
Oatmeal White bread Pasta Corn	Green beans Peas Natural peanut Butter	Broccoli Cauliflower Carrots Beans Peas Potatoes Sweet potatoes	Grapefruit, lemon, oranges, bananas, apples, berries in season pineapple	Milk, cheese, butter, whipping cream, cottage cheese	Almonds, walnuts, hazelnuts,	Hamburger, hot dogs, sardines, chicken, pork,

Were there specific foods you did not eat (or that you did not like)? Liver
Did you eat junk foods? Candies, cookies, cakes, etc? How often? Describe Cake and cookies on special occasions, puddings and sweetened canned fruits for dessert after dinner, candies on specials occasion like Halloween or Christmas.

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Age 5-Puberty

What age did you reach puberty? 11

Did you have illnesses at this time? Measles, mumps (one side only) chicken pox

Were you on antibiotics? No

Did you receive any vaccinations? No

Were you on any other medications? No

Did you play outside during this time – what kind of activities did you do? Did you go barefoot outside? Describe? Play outside all summer, frequently during the winter, fall and spring – not allowed to watch TV during the day unless it was raining. Played barefoot in the summer, played in sandbox and on the grass frequently

What other types of activities did you do? Watch TV, played indoors in the basement – games etc. skiing, read books, played piano

How much exercise did you get? Quite a bit – normal active child

Were there any stressful issues or trauma in your family life at this time? Tore a ligament in my knee when I was 7. My father had a heart attack when I was 9

What did you eat? List specific you remember eating foods

Grains	Legumes	Vegetables	Fruits	Dairy/Eggs	Nuts/Seeds	Meat/Fish
Whole wheat White pasta White bread Corn Pancakes Waffles	Green bean, Natural peanut butter, Peas	Broccoli Cauliflower Asparagus Carrots Romaine Lettuce Spinach Celery	Bananas Dried apricots Apples, Grapefruit Seasonal berries Oranges Seasonal grapes	Milk Aged and soft cheese Whipping cream Butler Eggs	Almonds, walnuts	Beef, Pork, Canned salmon or tuna Chicken

Were there specific foods you did not eat (or that you did not like)? Liver rapini, Swiss chard

Did you eat junk foods? Candies, cookies, cakes, etc? How often? Describe Weekly, baked on a regular basis, sugar products were not around on a regular basis unless I or my siblings baked so we did

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The Teenage Years

Did you have illnesses at this time? Yes - colds

Did you have acne as a teenager: Yes

Were you on antibiotics? 4-5 times – once for almost have bronchial pneumonia and several times for acne

Did you receive any vaccinations? No

Were you on any other medications? No

Did you play outside during this time – what kind of activities did you do? Did you go barefoot outside? Describe? No – other than lying in the sun

What other types of activities did you do? Hung out with friends, shopping, went to movies

How much exercise did you get? Not much – some walking to and home from school

Were there any stressful issues or trauma in your family life at this time? If yes, Father had another heart attach and stroke

What did you eat? List specific you remember eating foods? List any fermented food in the appropriate category

Grains	Legumes	Vegetables	Fruits	Dairy	Nuts/Seeds	Meat/Fish
White wheat bread Pancakes, Pizza Corn	Peanut butter, Green beans Peas,	Zucchini Cauliflower Asparagus Carrots Romaine Lettuce Spinach Celery	Bananas Dried apricots Apples, Grapefruit Seasonal berries Oranges Seasonal grapes	Milk Aged and soft cheese Whipping cream Butler Eggs	Almonds Walnuts	Beef, Pork, Canned salmon or tuna Chicken

Were there specific foods you did not eat (or that you did not like)? Stopping have dinner with family on a regular basis would eat something starchy instead or was dieting

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Did you eat junk foods? Candies, cookies, cakes, etc? How often? Describe Baked weekly, ate at more fast foods places, worked at McDonalds's for a summer, sub sandwiches, donuts,

Did your diet change in anyway from your childhood – if so – how did it change and what did you start eating, what did you stop eating? The biggest change was eating out more with friends any time I could and eating much less of the food prepared at home – as a child all my meals were made for me. As a teenager, I always made my own lunch and breakfast and only dinner was made on a regular basis which I would often not eat. Vegetables and fruit intake went down considerable, ate less meat as well

Adulthood

Did you have illnesses at this time? Endometreosis age 22, 31

Were you on antibiotics? Once – had wisdom teeth pulled

Did you receive any vaccinations? TB, tetanus – travelling, hepatitis – family member had it

Were you on any other medications? If yes, list birth control pills, twice once for 6 months, and the other for 4 months

Did you spend time outside – what kind of activities did you do? Did you go barefoot outside? Describe? Walking whenever I could, lying out in the sun in my twenties

What other types of activities did or do you do? Worked, socialize with friends read magazine, watch tv and movies

How much exercise did you get throughout your adulthood? How often? What type? Walking – would go through periods when I would walk 4-5 times a week and then go through periods where I did not get any exercise at all. Played tennis in my twenties, use a rebounder – again going through periods when I would use it a lot and then do nothing, took pilates for awhile

How much do you do today? Walk when I can, rebounder

How much stress are you under now? A lot – none stop – work all the time to meet financial needs

What did you eat? List specific you remember eating foods

Grains	Legumes	Vegetables	Fruits	Dairy	Nuts/Seeds	Meat/Fish
Whole wheat and white wheat products Brown rice Quinoa Corn Spelt Kamut	Peanut butter Chickpeas Black beans	Broccoli Carrots, Onions, Garlic Spinach Kale Zucchini	Oranges Grapefruit Oranges Bananas Apples Berries	Milk, Aged cheese and soft cheese, Whipping cream, Butter,	Almonds, Cashews, Pecans	Beef Pork Canned Tuna, Salmon Chicken

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Were there specific foods you did not eat (or that you did not like)? Seafood, most fish, any type of bitter vegetables except for kale

Did you eat junk foods? Candies, cookies, cakes, etc? How often? Describe Donuts, occasional hamburgers and pizza. Baked a lot so would have home made sugar products on a regular basis

Did your diet change in anyway from when you were a teenager – if so – how did it change and what did you start eating, what did you stop eating?

My early adulthood was very similar to teenage hood but once I lived on my own, I did not eat proper reals on a regular basis and the vegetables and fruits were lower. I gradually became a better eater

Have your eating habits changed as an adult? I started eating organically and started to make sure I ate vegetables and proper dinners on a regular basis

Do you eat regularly? Describe a day: Breakfast: Berry smoothie with whey powder, Peanut butter and banana sandwich on whole grain kamut bread, Fried egg sandwich with lettuce, tomato on kamut bread, whole grain pancakes
Lunch: Don't always have lunch – could be some nuts and aged chees or chips with dip, corn chips, fruit,
Dinner some type of meat with lots of vegetables, could be served with pasta, brown rice or potatoes.

Based on your food journal – make a list of all the specific foods you ate over the time period: Wheat, spelt, kamut, broccoli, kale, zucchini, carrots, sweet potatoes, potatoes, spinach, asparagus, chicken, port, beef, tomatoes, lettuce, onions, lemon, peanut butter, grapefruit, cheese, milk