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# The Client Gut Health History

Name: _____ Birthday: Feb. 23, 1960

Were you breast fed? Yes ✓ No _____ Delivered vaginally? ✓ Caesarian? _____
↳ (only for a short time)

**Mother's History:**

| |
|---|
| Did your mother have any female reproductive health issues prior to pregnancy? no<br>If yes, please describe |

| |
|---|
| Did your mother suffer from yeast infections, prior to pregnancy, during pregnancy or while breast feeding? If yes, explain: Don't know |
| Was your mother on any other medications prior to pregnancy, during pregnancy or while breast feeding? If yes, explain: Don't know |

Did your mother take antibiotics? Yes____ No____ Don't know

Before Pregnancy_____ During Pregnancy_____ During Delivery_____ (IAP) N/A

Was your mother on antibiotics while she was breast feeding (if you were breast fed)? Yes____ No____ ?

**Your First Two Years**

Were there any family traumas during the first two-years of life? Don't know

Were you on antibiotics before the age of two? most likely not, but I don't know

Did you have any pets? If so what and how many? no before age of two

What vaccinations did you receive by the age of two? Don't know

Any illnesses during this time? Don't know

Any other medications during this time? most likely none, but don't know

| |
|---|
| What were your first foods? Don't remember |

| |
|---|
| What types of foods did you eat by the age of two (be specific)? Don't remember |

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## Age 2-5

Did you have illnesses at this time? vomitting often, constipation.

Were you on antibiotics? ? How often? Don't know

Did you receive any vaccinations? ? If yes, list Don't remember

Were you on any other medications? If yes, list most likely not, but don't remember

Did you play outside during this time – what kind of activities did you do? Did you go barefoot outside? Describe? Sometimes I went to the beach (Ocean), mostly remember playing on the balcony.
What other types of activities did you do? walked to visit family occasionally.

How much exercise did you get? Played inside mostly

Were there any stressful issues or trauma in your family life at this time? If yes, Yes.
Father died. There was war → bombing, gunfire. Financial struggles - hungry often.

What did you eat? List specific you remember eating foods

| Grains | Legumes | Vegetables | Fruits | Dairy | Nuts/Seeds | Meat/Fish |
|---|---|---|---|---|---|---|
| Nioki rice bread | Fava beans | green beens salad | mango fresh date orange | milk cream butter | don't remember | eel crab shrip fish rabbit chicken, beef |

Were there specific foods you did not eat (or that you did not like)? After 4 yrs old, going without food often - hungry. Don't remember not liking anything.

Did you eat junk foods? Candies, cookies, cakes, etc? How often? Describe Sometimes
Chocolate wafers, cotton candy, don't remember.

## Age 5-Puberty

What age did you reach puberty? 15

Did you have illnesses at this time? Abdominal pain often

Were you on antibiotics? Yes How often? don't remember, but more than once.

Did you receive any vaccinations? Yes If yes, list Don't know - at school

Were you on any other medications? If yes, list Don't remember, but I was sprayed with DDT more than once. I had treatment for head lice.

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Did you play outside during this time – what kind of activities did you do? Did you go barefoot outside? Describe? Sometimes on the beach. (rarely). Often in the street after age of 9.

What other types of activities did you do? chores, biking, walking, working. school yard.

How much exercise did you get? frequent day to day

Were there any stressful issues or trauma in your family life at this time? If yes, Bullying, depression, financial struggles, hunger.

What did you eat? List specific you remember eating foods

| Grains | Legumes | Vegetables | Fruits | Dairy | Nuts/Seeds | Meat/Fish |
|---|---|---|---|---|---|---|
| White bread pasta | Don't remember maybe Fava beans | Don't remember much | Orange Apples pears greaps | milk ice cream processed cheese butter pudding | peanuts mix nuts sunflower seeds | hamburger fried chicken (fast food) |

Were there specific foods you did not eat (or that you did not like)? Don't remember

Did you eat junk foods? Candies, cookies, cakes, etc? How often? Describe Yes, often, probably daily.

**The Teenage Years**

Did you have illnesses at this time? PCOS, Digestive issues

Did you have acne as a teenager: Yes

Were you on antibiotics? Yes How often? Don't remember

Did you receive any vaccinations? Yes If yes, list Don't remember

Were you on any other medications? If yes, list Birth control pills for PCOS, O.C.T.: Tums, Tylanol, Advil, asperin..

Did you play outside during this time – what kind of activities did you do? Did you go barefoot outside? Describe? Street play, biking, swimming → not barefoot

What other types of activities did you do? Stool, chores, running

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How much exercise did you get? daily

Were there any stressful issues or trauma in your family life at this time? If yes, Bullying, Mother had heart attach, financial hardship, rough area, I was often harassed.

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 bread | Don't remember | Salad zucchini pepper celery | orange peach pear apple grapes | butter chocolate milk ice cream | Peanuts mixed nuts Pistachios | hamburger fried chicken (Fast Food) |

Were there specific foods you did not eat (or that you did not like)? Not really

Did you eat junk foods? Candies, cookies, cakes, etc? How often? Describe Yes, all the time

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? When I came to Canada at the age of 9, I started eating lots of junk food and fast food, and processed food.

**Adulthood**

Did you have illnesses at this time? Yes, many.

Were you on antibiotics? Yes How often? Don't remember

Did you receive any vaccinations? Yes If yes, list Twinrix vaccine

Were you on any other medications? If yes, list BCP (for hormone balance) many pharmaceuticals: Metformin for PCOS, Thyroid meds, cancer meds, nausia meds, PPI, and more

Did you spend time outside – what kind of activities did you do? Did you go barefoot outside? Describe? running, walking, dragon boating, Swimming, yoga, gym. No really barefoot.

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What other types of activities did or do you do? chores, work, taking care of my kids.
How much exercise did you get throughout your adulthood? How often? What type? intermittent tried every day

How much do you do today? 30 min. swimming, 1 hour walking.

How much stress are you under now? a great deal.

What did you eat? List specific you remember eating foods Now I eat healthy (10 years)

| Grains | Legumes | Vegetables | Fruits | Dairy | Nuts/Seeds | Meat/Fish |
|---|---|---|---|---|---|---|
| whole GF grains organic | Garbanzo lentils beans organic | All kinds organic | All kinds organic | raw cheese goat butter goat kefir | All, but Almonds | Lamb chicken beef turkey ~~fish~~ sea food |

Were there specific foods you did not eat (or that you did not like)? Dairy, Gluten, Almond, cucumber, watermelon → Allergies (celiac)

Did you eat junk foods? Candies, cookies, cakes, etc? How often? Describe only organic or home made cookies, cakes, coconut ice cream. Rarely.

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? Stopped: junk food, fast food, and processed food. I now eat organic whole foods.

Have your eating habits changed as an adult? Yes

Do you eat regularly? Describe a day: breakfast 9am, Lunch 1pm, dinner 7pm. 2 or 3 snaks per day.

Based on your food journal – make a list of all the specific foods you ate over the time period: Meals: Eggs, GF bread, Veggies, brown rice, animal protein.
Snacks: fruit, nuts, cheese, coconut yogart.