

LIZ & STEVE DOOLEY WELLNESS
Board Certified Holistic Health Counselors, AADP

Dear Expecting Parent,

Congratulations and welcome to the incredible journey to parenthood! As new parents ourselves, we understand the rollercoaster of thoughts and emotions that you're feeling right now and we're excited to support you in creating health and happiness for the months and years ahead.

For us, and for many, parenthood creates a renewed desire to achieve balance in our lives. With this end in mind, we've partnered with Dr. Mussalli and Dr. Worth to offer **Well Parenting**, a wellness group for expecting parents. **Well Parenting** is a six-month program designed to help you and your partner achieve optimal wellness by balancing diet, exercise, career, and relationships. Among other goals, we will support you in:

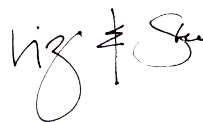
- understanding your individual nutritional needs;
- fostering a sustainable, healthy, and enjoyable relationship with food;
- creating a healthy pregnancy – both physically and emotionally;
- regaining control over your time – maximizing joy and minimizing stress; and
- building a community of new parents to support you in the journey ahead.

Expecting couples are inundated with information about pregnancy and parenting. Our objective is to provide you with simple tools to help you build a foundation of wellness that will benefit your family for years to come.

Please complete the attached health history form(s) to help evaluate your overall wellness and identify areas where you may benefit from additional support. If you indicate interest in reviewing the form with a wellness counselor, we will contact you to schedule an initial wellness consultation, the cost of which is \$35. During the initial consultation, you and your partner will review your health history forms, set goals to attain optimal wellness, and learn more about how our **Well Parenting** program may support you achieving those goals. While our program is designed for couples, we warmly welcome all parents, single or partnered.

Congratulations again, and we look forward to talking with you soon!

Be well,



WELL PARENTING
because **well parents** parent well.

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LIZ & STEVE DOOLEY WELLNESS

Board Certified Holistic Health Counselors, AADP

Mom's Confidential Health History Nutritional and Wellness Assessment for Parenthood

Name: _____

Address: _____

Email: _____ Home Phone: _____ Cell: _____

Date of Birth: _____ Place of Birth: _____ Height: _____

Current weight: _____ Weight six months ago: _____ One year ago: _____

Were you content with your pre-pregnancy weight? _____ If not, what was your ideal weight? _____

Relationship status: _____

Partner's name (if applicable): _____ Expected due date: _____

Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

Do you plan to return to work after the birth of your child? _____

How is the health of your mother? _____

How is 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? _____

Why? _____

Any serious illnesses/hospitalizations/injuries? _____

Any pain, stiffness or swelling? _____

Were your periods regular? _____ How many days was your flow? _____ How frequent? _____

Birth control history: _____

Do you experience yeast or urinary tract infections? Please explain: _____

Constipation/Diarrhea/Gas? Please explain: _____

Allergies or sensitivities? Please explain: _____

Please list any supplements or medications you take: _____

Please list any therapies or healers with which you are involved: _____

What role do sports or exercise play in your life? _____

What foods did you eat often as a child?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What's your food like these days?

Breakfast

Lunch

Dinner

Snacks

Liquids

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What percentage of your food is home cooked? _____ Do you cook? _____

From where do you get the rest? _____

Do you crave sugar, coffee, cigarettes, or have any major addictions? _____

What are some of the areas of your health and happiness where you feel you need more support? _____

What challenges are you facing in these areas? _____

What are your greatest concerns about pregnancy and parenthood? _____

How would your life and the life of your family be better if you made positive changes to your wellness? _____

Would you like to schedule a telephone consultation on nutrition and wellness for parenthood? Yes No

I authorize use of the above information for my confidential wellness consultation with Liz & Steve Dooley Wellness.

Signature _____ Date _____

LIZ & STEVE DOOLEY WELLNESS
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Dad's Confidential Health History
Nutritional and Wellness Assessment for Parenthood

Name: _____

Address: _____

Email: _____ Home Phone: _____ Cell: _____

Date of Birth: _____ Place of Birth: _____ Height: _____

Current weight: _____ Weight six months ago: _____ One year ago: _____

Would you like your weight to be different? _____ If so, what? _____

Relationship status: _____

Partner's name: _____ Expected due date: _____

Children: _____ Pets: _____

Occupation: _____ Hours of work per week: _____

Do you plan to return to work after the birth of your child? _____

How is the health of your father? _____

How is the health of your mother? _____

What is your ancestry? _____ What blood type are you? _____

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

Why? _____

Any serious illnesses/hospitalizations/injuries? _____

Any pain, stiffness or swelling? _____

Constipation/Diarrhea/Gas? Please explain: _____

Allergies or sensitivities? Please explain: _____

Please list any supplements or medications you take: _____

Please list any therapies or healers with which you are involved: _____

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Dinner

Snacks

Liquids

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Signature _____ Date _____