



## NUTRITION FOR MENTAL HEALTH

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### HEALTH PROFILE QUESTIONNAIRE

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Body Frame: \_\_\_\_\_ Blood type: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Family/Living  
Situation: \_\_\_\_\_ Children: \_\_\_\_\_

Occupation: \_\_\_\_\_ Exercise/Recreation: \_\_\_\_\_

#### **HEALTH CONCERNS:**

Describe onset and occurrence of health problems in detail: \_\_\_\_\_

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How have you dealt with these concerns in the past (doctors, self-care, self-medication)?

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What other health practitioners are you currently seeing (name, specialty, phone #)?

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**List medications or supplements that you are currently taking for these problems:\_\_\_\_\_**

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**Have any family members had similar problems (describe)?\_\_\_\_\_**

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**HEALTH HAZARDS:**

**Describe any relationship between your problems and stress (work, financial, family, other relationships, grief, loss): \_\_\_\_\_**

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**Toxicity: (exposures and sensitivities to chemicals; tap water; air pollution; mercury amalgams, job/home exposures, cosmetics, perfumes, dyes, food sensitivities, Nutrasweet, medicines including aspirin, birth control, etc. )\_\_\_\_\_**

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**Any tic bites or travel sicknesses? (When, where, how treated)? \_\_\_\_\_**

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**Trauma: (physical, sexual, emotional abuse)? What if anything re-stimulates it? How does it affect your diet, mood, and general self-care? \_\_\_\_\_**

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**Mal-nutrition: (periods of eating junk food, binge eating, dieting):** \_\_\_\_\_

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**Addictive behaviors: (past/present use/abuse of alcohol, drugs (including prescription drugs, tobacco, caffeine, birth control pills, co-dependency, shopping, gambling, computer porn, work, etc. )?)**

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**Have you noticed any relationship between Health Hazards and current health problems?**

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**DIETARY HISTORY:**

**What were your family diet and eating habits like when growing up?** \_\_\_\_\_

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**Describe your diet at the onset of your current health problems:** \_\_\_\_\_

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**Has your diet changed since the onset of your current health problems? Explain.**\_\_\_\_\_

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**Describe the foods you eat for comfort when you are:**

**Hungry:**\_\_\_\_\_

**Angry:**\_\_\_\_\_

**Lonely:**\_\_\_\_\_

**Tired:**\_\_\_\_\_

**Depressed:**\_\_\_\_\_

**Celebrating:**\_\_\_\_\_

**How are your mood and energy levels affected by eating these foods? Do you feel more energetic/better? Nourished/numbed?**

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**Describe your sleep patterns; (early to bed/night-owl, sleep through night/wake up every few hours, etc. )**

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