

Name

Date

Address

Email

Phone (Cell)

(other)

Date of Birth

Marital Status

Occupation

Weight

Height

List your major challenges you would like to overcome in order of importance to you:

- 1.
- 2.
- 3.
- 4.
- 5.

What factors do you think may be contributing to your health challenges? (injury, family history, relationships, stress, illness, job, finances, health, diet, lifestyle, drug or alcohol use, etc. Rank in order.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Are you under the care of a physician and, if so, what are you being treated for?

Are you currently or have you in the past used the services of any of the following service providers (psychologist, holistic health or nutritional consultant, chiropractor, massage therapist, physical therapist, homeopath, acupuncturist)?

List any medications you are currently taking and for how long you have been taking them?

List any supplements you are currently taking and for how long you have been taking them?

Do you have any allergies – foods, medicines, seasonal?

Do you have any food cravings?

How much water do you drink per day?

What other illnesses in the past or present do you have?

Have you noticed any recent changes in your body?

If you are currently in pain, where in your body do you feel it and what level is it at from 1 - 10?

Have you had any of the following: surgeries, shocks, traumas, injuries, accidents, falls, abuses?

Do you have any scars, piercings or tattoos on your body and if so, where?

Do you consume any of the following? If yes indicate how much:

Yes No Amount

Coffee

Alcohol

Tobacco/Vaping

Recreational drugs

Do you like your job (if you are working)?

Do you have any challenges in your job?

Describe your relationship with your family and/or significant other if you are in a relationship:

Circle any of these areas of stress that apply to you (that you are willing to share).

I ask because we will be working on clearing past emotional trauma that is trapped in the body.

With a parent	With a co-worker	Financial Trauma, e.g., loss of job or income, homelessness	Divorce / Separation	Life Balance – too much work, not enough recreation
With a child	With someone else you know	Emotional Trauma	Change of life situation – children leaving home	Abortion
With a spouse/partner	With a teacher/mentor	Health Trauma	Change of Life situation – retirement	Sexual Abuse
With a sibling	With a caregiver	Death/loss of a loved one not sufficiently mourned	Change in work status or condition(s)	Physical Abuse
With other family member, e.g. in-laws	With an injury	Death/loss of someone with unresolved conflict	Change in residence or relocation	Spiritual Abuse, e.g., from a cult or religion

Elaborate on any of the areas of Past Trauma.

If true, finish this sentence: "I have never been well since...."

Describe what your life would look like when you are in perfect health:

On a scale of 1 to 10, how committed are you to your physical and emotional health?