

# New Client Questionnaire

Name:

Today's Date:

Phone:

Date of birth:

Referred by:

Thank you for choosing me as your partner for healing – it's going to be a great ride! Please consider the following questions, so that we can gain insight into the underlying imbalances that might be holding you back. Feel free to elaborate wherever necessary.

**What are your goals and expectations for working together?**

**General Info:**

What are your main health concerns?

What are your most pressing symptoms?

Do you have any current diagnoses or medical conditions? Previous medical conditions? Surgeries?

Do you take any prescription medication? If so, which ones?

Do you take any dietary supplements? If so, which ones – please include brand names whenever possible?

Do you have any food allergies or sensitivities?

How well do you sleep at night? How many hours per night do you sleep? Do you wake refreshed?

How energetic do you feel during the day?

How are your stress levels? What are your main sources of stress?

Do you or have you have regular contact with environmental toxins or fumes?

Do you have multiple sensitivities to chemicals or environmental sensitivities/allergies?

**Digestion:**

How often do you move your bowels?

Do you have any digestive complaints? (Heartburn, gas, bloating, diarrhea, constipation, etc.)

**Dietary habits:**

How much water do you drink each day?

What do you typically eat for...

Breakfast

Lunch

Dinner

Snacks

Desserts

Beverages

Do you drink alcoholic beverages? If so, how many drinks per week?

What kinds of sweeteners do you use?

**Women:**

Do you have regular periods?

Do you experience mood swings or changes related to your menstrual cycle?

Are you currently pregnant, trying to become pregnant or breastfeeding?

**Men:**

Do you experience any urinary symptoms?

**Please include any other information you think may be relevant here:**