GENERAL HEALTH How do you feel about your health. 1-10 + Written

BODY CONDITION Any chronic health conditions? 1-10 + Written

ACHY JOINTS/JOINT PAIN Explain where and how long you’ve noticed. 1-10 + Written

DO YOU HAVE POOR QUALITY/SLOW GROWING HAIR OR NAILS 1-10 + Written

SKIN CONDITION Acne, eczema, rashes ect. 1-10 + Written

ENERGY LEVELS Energy crashes, frequently tired, exhaustion. Do you ever take naps? When? 1-10 + Written

SLEEP QUALITY If you have poor quality sleep, explain why if you can. (kids not included). 1-10 + Written

AVERAGE HOURS OF SLEEP PER NIGHT When do you normally go to sleep and when do you wake up? Written

WINDING DOWN FOR BED Do you have a wind down routine before going to sleep? What do you normally do before bed? Written

STRESS LEVELS On average. 1-10

DO YOU EVER FEEL STRESSED ABOUT YOUR HEALTH? Written

STRESS MANAGEMENT How do you relieve stress? Written

MOOD Irritable, mood swings. 1-10 + Written

EMOTIONAL WELL-BEING Do have anxiety or depression? 1-10 + Written

FEMALES\* ANY PERIOD SYMPTOMS

BRAIN FUNCTION Brain fog, migraines, forgetfulness, memory. Written

DIGESTION Constipation, diarrhea, bloating, stomach pain, acid reflux? If yes to any, please list. Written

ALLERGIES/SENSITIVITIES Any you suspect or know of. Written

AVERAGE BREAKFAST A few written examples.

AVERAGE LUNCH A few written examples.

AVERAGE DINNER A few written examples.

AVERAGE SNACKS A few written examples.

NORMAL BEVERAGE GO TO’S A few written examples.

SUPPLEMENTS YOU TAKE Written

TECH TIME Do feel you have a healthy relationship with technology/media ect? If not, how would you like your relationship with technology to look like?

WHAT ARE YOUR HEALTH GOALS? Written

FITNESS GOALS? Written

PERSONAL HELP Would you like me to work with you on your personal goals? If yes, how can I help get you closer to where you want to be? Written

ANY COMMENTS?