

NOURISH & BREATHE

NATUROPATHY | APOTHECARY | VILLAGE

Date:

GETTING TO KNOW YOU

I look forward to getting to know you. You do not have to answer all health questions if they don't apply to you, this is your opportunity to share with me and reflect, and for me to get to know you. This is confidential of course :)

Name:	Phone:
Address:	Number of children:
Email :	
Date of Birth:	Living Arrangements:

How did you hear about N&B?

Reason for visit?

What have you tried to do to improve your health (past & present)?

Medications & Supplements you are taking (brand, dose)?

Are you seeing any other practitioners (modalities)?

How would you like to feel and how long do you think this will take?

What is your present level of commitment to your health and making necessary changes?

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What are the obstacles that would prevent you from making changes (Please Circle)?

Long work hours

Little self-time

Late to bed

Relationship issues

Self-Destructive Lifestyle

Habits

Financial restrictions

Lack of Health Education

Exposure Chemical Pollutants

Stressful environment

Fears or Anxieties

Dislike job/career

Lack of exercise

Poor nutrition

Death in Family

Face paced living

Dehydration

Lack of Self-Esteem

Regret & Dwelling on Past

What time do you wake up and go to bed, & how would you rate your sleep?

What would you rate your energy levels at the moment (out of 10)?

How do you feel emotionally at the moment?

Do you exercise/move?

What do you do for enjoyment or self-time?

Do you have any digestive problems?

Do you have any long standing health conditions or concerns?

What is your food philosophy?