



TAYLORED PATH

NUTRITION & HERBAL MEDICINE

Client Wellbeing Questionnaire *Taylored Path Nutrition & Herbal Medicine*

- Name (First & Last):
- Phone Number:
- Date of birth:
- Weight and Height:

- Blood type (if known):

- Experience with other practitioners, please list in detail:

- List 3 health goals you would like to attain for yourself, how long have these been a concern for you?

- How long have you been feeling unwell?

- Do you have any current medical diagnosis? (example diabetes).

- Please list any surgeries you have had and when.

- Past conditions or other health information you would like us to know with dates.

- Please also list ALL childhood illnesses.

- List any physical trauma/ accidents you have had and when.

- List any emotional trauma you have experienced and when (optional)

- Family history (MOTHER/FATHER/SIBLINGS)

- List any MEDICATIONs you are taking now or in the past

- List any SUPPLEMENTS you are taking now or in the past

- What is your daily consumption of (cups or oz)
 - Coffee:
 - Alcohol:
 - Juice/pop:
 - Water:

- Do you smoke?

- List all allergies:

- What foods do you frequently crave?

- What does your exercise routine look like? How many times a week?

- How is your concentration and focus when working or in daily life?

- How many bowel movements a day do you have? And what is their type? (loose, soft, hard, diarrhea?)

- What time do you go to bed? How many hours do you sleep?

- Do you feel rested when you wake up?

- Are you on birth control?

- What is your current occupation?

- Is this a high stress job?

- How do you typically manage stress?

- What are your current hobbies if any?

- How often are you on the computer/phone or tv? Hours per day?

- Please list a typical day of meals/ snacks/ what you consume in a typical day.
- Any other comments or concerns you would like to add?