



Wellness Questionnaire (Pg 1 of 4)

Client's Information

Surname & First Names: _____
Date of Birth: _____ I.D. Number: _____
Gender: _____ Name of School: _____ Grade & Class: _____
Teacher's Name: _____ Home Language: _____
Religion: Christian / Buddhist / Hindu / Jewish / Muslim / Other / Choose not to disclose

Part 1: Person responsible for account

Surname & Name: _____ Dr/ Mr / Mrs / Miss
I.D. Number: _____ Marital Status: _____
Tel (H) _____ Cell _____ email _____
Home Address: _____ Postal Address: _____

Occupation: _____ Employer: _____
Work Address: _____

Work Tel: _____
Work email _____

Part 2: Nearest family/ Friend

Surname & Name: _____ Dr/ Mr / Mrs / Miss
I.D. Number: _____ Marital Status: _____
Tel (H) _____ Cell _____ email _____
Home Address: _____ Postal Address: _____

Occupation: _____ Employer: _____
Work Address: _____

Work Tel: _____
Work email _____



Wellness Questionnaire (Pg 2 of 4)

Client Information (If different to part 1)

Surname & Name: _____ Dr/ Mr / Mrs / Miss

I.D. Number: _____ Date of Birth: _____ Age: _____ Gender _____

Tel (H) _____ Cell _____ email _____

Home Address: _____ Postal Address: _____

Grade / Occupation: _____

School / Employer: _____

Referred by: _____

Heard about us elsewhere: Website / social media / word of mouth / other

Concerns

Please describe the problem(s) for which you seek help.

Please state any past injuries or operations. These include bumps to the head.

Please list any medications (including over the counter) you are presently taking.



Wellness Questionnaire (Pg 3 of 4)

Concerns

Do you suffer from allergies? If so, could you share which ones you have and describe how intense your reactions are?

Have you experienced frequent infections, or did you have them as a child? Especially ear infections?

Do you suffer from any autoimmune diseases? If so which ones and when did they come about?

How is your child's digestive system. Any complaints with their tummy and going to the restroom?

My typical day includes

"I wake up at": _____ (I feel well rested and full of energy/ I'm tired and grumpy)

"I eat a breakfast of " _____

"I then " _____

"I eat lunch at" _____

"Lunch includes" _____

"After work / school I..." _____

"Supper time is:" _____

"I eat a supper of " _____

"My bedtime is" _____

"I snack on" _____

"My favourite foods include" _____

"My least favourite foods include" _____

"I spent _____ watching TV or on a phone/ tablet everyday" _____

Please circle the words would you use to describe you

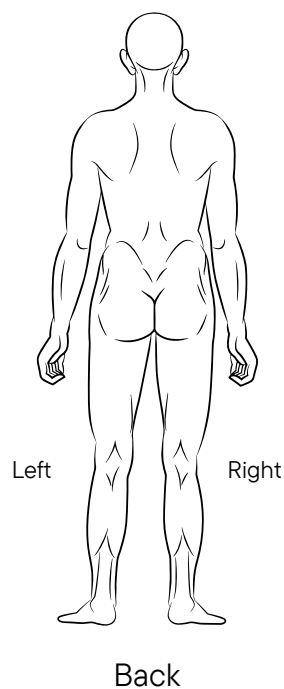
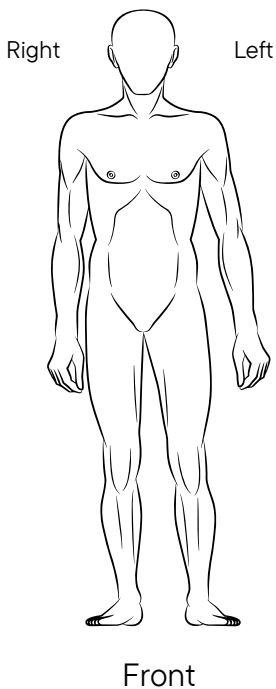
depressed	stuck	intelligent	obsessive	knows plenty of facts
sad	stubborn	has splintered abilities	defiant	doesn't pick up social cues
anxious	inflexible	battles to socialize	tends to dominate	seems to be in their own world
overwhelmed	explosive anger	jumps to the answer	kind	has many fears & phobias
unmotivated	lashing out	impulsive	compassionate	often has meltdowns
tired	lethargic	sullen	afraid of being humiliated	does not enjoy noisy places
stressed	perfectionistic	always on the go	shows empathy	repeats words and phrases
annoyed	creative	slow	cannot sit still	invades other people's space



Wellness Questionnaire (Pg 4 of 4)

Stress			
Stress at home is:	Minimal	Moderate	Severe
Stress within the family relationships is:	Minimal	Moderate	Severe
Stress at work or at school / varsity is:	Minimal	Moderate	Severe
Stress in areas other than work	Minimal	Moderate	Severe
Other stress is:	Minimal	Moderate	Severe

Please shade the areas of pain or discomfort and make a comment in the space provided to the right.



Please tick the relevant box: I am looking for...	
...insights into my functioning and strategies for lasting transformation, and I'm committed to putting in the effort.	
...some quick solutions that can assist me immediately. I don't have the luxury of time, and I'm not able to invest the effort at this moment.	
...sustainable solutions and am ready to invest time and effort, but I need to budget for various options that fit my financial limits.	