

Health Questionnaire

Today's Date:

Name:

Address:

City/State:

Zip:

email:

Best private line(s) to call:

Birthdate/age:

Height:

Approx. weight range:

Relationship status:

Spouse/Partner/Children:

How may I help you?

How would you describe yourself?

Describe what optimal health would look like for *you*:

Body Systems Check-In:

Describe significant health concerns/issues (past/present) with each of your body systems below:

Heart/Circulatory:

Blood/Lymphatic:

Kidneys/Liver/Gall Bladder:

Respiratory:

Digestive:

Brain/Eyes/Nervous System:

Skeletal:

Muscles/Connective Tissue:

Skin:

Endocrine/Reproductive: are you still having periods?

Herbs, vitamins, minerals you take (list doses): how much?

Medications you take regularly (OTC, Presc, doses,):
dopaminergic and serotonergic reuptake inhibitors

Surgeries, hospitalizations of significance:

Family History: (High Blood pressure, mental illness, cancer, heart disease, etc)

Mom

Dad

Siblings (how many and where are you in the birth order)

Physical Movement, Exercise, Nature Immersion:

How often do you exercise?

Do you engage in much physical work/labor?

Active in any sports?

What movement/exercise/sports activities do you wish to engage in? What kind of movement do you prefer?

Describe the amount of time you spend outdoors? Doing what?

Energy & Sleep Cycles:

How would you rate your energy level at this time in your life?

Consider the times of day/night. Describe your ebbs & flows of energy throughout a 24 hour cycle:

what do you eat at lunch?

Do you sleep well? Explain:

(Insomnia, difficulty falling asleep, naps, how many hours, etc)

need more sleep

Emotional Health History:

Are you happy at this time in your life? why not?

Do you experience self-love, self-confidence?

Do you feel you receive enough love?

Any emotional toxins or stressors in your present life?

List 1-3 top stressors that are presently impacting your wellness:sounds like you need a vacation

Ever on anti-anxiety, anti-depression, ADD/ADHD meds?

Undergoing therapies or treatments? Yes, what?

History of child abuse, spousal abuse, sexual abuse? (Indicate yes or no; if you choose to discuss this in session, I am available to do so)

Are you a veteran? Or a veteran's loved one?

Any other traumas, PTSD? Please describe. Again we may discuss if you choose.

Concerns regarding realms of: personal, love, family, friendship & sense of community?

Session Wrap-Up:

Is there anything else you would like me to be aware of about your life situation and path to healing & wellness?

What else are you passionate about doing in life that you have not mentioned previously?

What are 3 changes you would like to commit to this season/year?

Thank you.
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