



Energy Concepts & Holistic Education, Inc.

4. What symptoms are you presenting with today?

5. List any nutritional supplements, vitamins or herbs you are taking and why.

6. List any alternative therapies you have received or participated in.

7. Do you use tobacco? yes no

If yes, how many packs per day?

For how many years?

Are you willing to quit? yes no

8. Do you use alcohol? yes no

If yes, how often? daily weekly social

What kind: beer wine liquor



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9. Your typical activity level: ___sedentary ___active

Do you exercise? ___yes ___no

If yes, what type and how often?

10. Describe your bowel movements: ___times per ___day ___week

___watery ___loose ___hard ___painful

___brown ___with mucous ___grey ___black

11. Question #11 for Women only:

Could you be pregnant? ___yes ___no

Have you had a: ___hysterectomy? ___Tubal Ligation?

Are you on birth control? ___yes ___no If so, what type and for how long?

What age did you begin your period? _____ Age your periods stopped _____

Is your period: ___regular (monthly; every 25-30 days) ___irregular

___very heavy ___moderate ___light

Do you experience PMS symptoms such as: ___bloating ___weight gain

___irritability ___breast tenderness ___emotional swings ___pelvic pain

How many pregnancies have you had? _____

How many live births have you had? _____ ___Vaginal delivery ___C-Section



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12. Question #12 for Men only:

Have you been diagnosed with: ____benign prostate hypertrophy (BPH)? ____prostate cancer?

Have you had a vasectomy? ____yes ____no

Are you experiencing urinary ____frequency ____urgency ____incontinence?

Do you have sexual performance concerns? ____yes ____no

If so, they will be discussed at your comfort level.

13. What are your top three health concerns in order of importance to you?

1. _____ 2. _____ 3. _____

14. Please circle where you are on this continuum.

1 2 3 4 5 6 7 8 9 10

1= I was forced to be here,
and I really don't think I
need to do anything about
my health.

10 = I desire optimal health
more than anything and am
ready and willing to make
necessary lifestyle changes.

15. On the same continuum, please rate your willingness to prepare your food at home.

1 2 3 4 5 6 7 8 9 10

1= I have to eat out almost
all the time and there is nothing
I can do about it.

10 = I can/will prepare my
own food at home 100% of
time.