

Client Questionnaire

Please fill out the form below. Skip answers that do not apply. Then save file and resend it to us.

Questions	Answers
Name:	
Age:	
Male/Female:	
City/State:	
Please list all body issues you want help and improvement.	
Describe your sleep , both is quantity and quality.	
Describe your energy level (include how you feel when you wake up and through the day).	
What do you crave ?	
What's your digestion like; bloating, constipation, indigestion, IBS, acid reflux?	
How would you describe your current cognitive state (concentration, tolerance to stress, memory, focus)?	
FEMALE: Describe your menstrual cycle . If you are in menopause, please describe what your cycle has been in the past (heavy, cramping, irregular, normal)?	
FEMALE: At which age did you first get your period?	
FEMALE: Do you get hot flashes or night sweats ?	
How frequent is your bowel movements (per day or per week)?	
What medications are you currently on?	

Where do you have pain, inflammation or stiffness ?	
What health problems run in the family ?	
Sinus ?	
Not satisfied after eating a meal/need something sweet after?	
Hair Loss (describe)?	
Urination issues?	
Cold feet or hands ?	
Fluid Retention ?	
Diabetes ?	
High blood pressure ?	
High Cholesterol ?	
Any Autoimmune Disease ?	
Anxiety ?	
Acne ?	
Red cheeks ?	
Puffy under eyes ?	
Loss of eyebrows ?	
Skin issues (describe)?	
Allergies ?	
Asthma ?	
Out of breath climbing up stairs ?	
Low sex drive ?	
Headaches ?	
Difficulty seeing in the dark ?	
Out of all the infections you had in your past (sore throats, lung, sinus), what area of your body do you tend to have repetitive infection?	

Tell me what types of surgeries did you have (gallbladder removal, appendectomy, thyroid, tonsils)?	
Tell me about any major injuries?	
Tell me about any significant stress events (losses of loved ones, divorce, etc.)?	
Varicose veins or spider veins?	
Habits: Stress eater, snack out of boredom?	
How much alcohol do you consume per week?	
Describe your current type of exercise program if any?	
Current Eating schedule: How many meals per day: How many Snacks per day: list snacks	
Anything else you want to communicate?	

Thanks, you got it done!

Please Bring this printed or email it to: thebalancepro@yahoo.com