Client Intake Questions

1. What is your main health concern?
2. Are you experiencing any pain, tingling or loss of circulation? Where? What is your pain level from 0-10 (0 is no pain, 10 is emergency room pain)?

## What is your stress level from 1-5? List your current #1 stressor

## What is motivating you to be healthy today?

1. What have you done in the past to work on this health condition (include both alternative & traditional modalities)?
2. What has proven effective?

## What’s one activity you want to be able to do in one month’s time? In three months?

1. Regarding your diet…how much gluten (breads, pasta’s, crackers) do you eat on a daily basis? Dairy? Sugars?
2. Do you experience acid reflux, bloating or have swelling issues? If so how often?
3. How often do you have a bowel movement?
4. Are you taking any supplements? Please list what you take.
5. What obstacles, challenges, and struggles do you come up with regarding diet/lifestyle?

## What do you hope to get out of our time together?

##  On a scale from 1-10, how important is this to you and willing to work towards your health goals? How soon you ready to start?

1. What do you feel good about in your life right now?