

N A T U R A L H E A L T H & B E Y O N D

New Client Form

The information provided here will be kept **completely confidential**. The purpose of this form is to provide information to enable the Wellness Consultant to best support you with your health and wellness goals.

First Name: _____ Mailing Address: _____

Last Name: _____

Home #: _____ Apt: _____ City: _____ Prov. _____ Postal code: _____

Work #: _____ Date of Birth: _____

Cell #: _____ Gender: M F

E-mail address: _____ .

What are some of the health and wellness goals you would like to achieve?

- | | | |
|----------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Emotional balance | <input type="checkbox"/> Increase environmental awareness |
| <input type="checkbox"/> Healthy body weight | <input type="checkbox"/> Optimal physical health | <input type="checkbox"/> Higher spiritual connection |
| <input type="checkbox"/> Other _____ | | |

What would you like to gain from working with a Wellness Consultant?

- | | | |
|---------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Support | <input type="checkbox"/> Knowledge | <input type="checkbox"/> Learn how to prevent illness |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Resources | <input type="checkbox"/> Achieve health goals |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Ways to simplify your life | <input type="checkbox"/> Ways to monitor your health |
| e.g. (Stress, Physical, Nutritional) <input type="checkbox"/> Other _____ | | |

(Rate from 0 to 10)

Overall, how happy are you with your present state of health?

(0%) 0 1 2 3 4 5 6 7 8 9 10 (100%)

What is your present level of commitment to improving your health and wellness?

(not committed) 0 1 2 3 4 5 6 7 8 9 10 (100% committed)

What are your health concerns, in order of importance to you?

1. _____
2. _____
3. _____
4. _____
5. _____

What behaviour or lifestyle habits do you currently engage in that support your health and wellness?

- | | | |
|---------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Exercise regularly | <input type="checkbox"/> Practice Meditation or Yoga | <input type="checkbox"/> Spend quality time with self/friends |
| <input type="checkbox"/> Challenge yourself | <input type="checkbox"/> Eat healthy | <input type="checkbox"/> Reading or taking courses |
-
-

What behaviour or lifestyle habits do you currently engage in regularly that you believe are not supporting your health and wellness?

- | | | |
|---------------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Unhealthy eating habits | <input type="checkbox"/> Ignoring your body's needs |
| <input type="checkbox"/> Not getting enough sleep | <input type="checkbox"/> Alcohol consumption | <input type="checkbox"/> Other _____ |
-
-

What have been your challenges toward achieving your health and wellness goals?

- | | | |
|---------------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Time restrictions | <input type="checkbox"/> Access to services | <input type="checkbox"/> Lack of Support |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Financial | <input type="checkbox"/> Self efficacy |
| <input type="checkbox"/> Other _____ | | |
-
-

Please check off any alternative health care providers you are currently seeing or have seen in the past.

- | | | |
|----------------------------------------|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Massage therapist | <input type="checkbox"/> Homeopath |
| <input type="checkbox"/> Naturopath | <input type="checkbox"/> Life coach | <input type="checkbox"/> Counsellor |
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Psychotherapist |
| <input type="checkbox"/> Other _____ | | |
-
-

Is there anything else you would like to share?

How did you hear about Natural Health and Beyond?

- | | | |
|-----------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Internet | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Speaking engagement | <input type="checkbox"/> Other _____ |

Thank you for taking the time to complete this form.



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