

Health History

All information will be kept confidential

1. What is your main health concern?
2. What have you done in the past to work on this health condition?
(Western or Eastern modalities)
3. What has proven effective?
4. What is your current diet like?
5. Are you taking any supplements?
6. Where would you like your health to be 4 – 6 months from now?
7. What obstacles, challenges and struggles do you come up with
regarding your diet/lifestyle?
8. What do you hope to get out of our session?
9. What is one thing you LOVE about your life?