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**Confidential Health Questionnaire**

Please take time to work through the questions, take as much space as you need. If you print this form, be sure to make enough space for your answers. This form is designed to be filled in online and emailed. It is important to read the information at the bottom of this form as it outlines how we work and what to expect.

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| **Name** : **Phone** : **Email** : Address :   |
| Age : DOB : Weight : Height: RS - Married / Single / Couple / Divorced Partner’s & Children’s Names & Ages : Living arrangements :  |

**Who referred you / how did you find us**?

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| --- | --- |
| **What is the problem / main issue / what brings you in for a session now**?  |   |
| **When did it start and what was happening for you around that time, in the months/years before it started**? |  |
| **What is going on in your life right now**? **What occupies your mind most at present**? |  |
| **What is your intented outcome from your session/s**? (*State in a concise, positive, attainable phrase of one sentence*.) |  |
| **What is causing or driving this issue, or preventing you from moving forward, do you think**?  |  |
| **Origin – was there a significant event that started this off? How did it start**? |  |

**Functional assessment: PLEASE RATE OUT OF TEN – 1 = low / 10 = high.**

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| **Please rate your:** | **0-10** | **Comments** |
| Energy levels overall |  | Indicate if varies between morning, afternoon andevening |
| Stress levels overall |  |  |
| Rate your mood in general |  | 10=resilient, buoyant, happy set point, cope with things easily  |
| Level of Anxiety / Worry generally |  |  |
| Depression? |  |  |
| Irritability / Frustration? |  |  |
| Teariness / Sensitivity? |  |  |
| Mental Clarity / memory |  |  |
| Ringing in the Ears |  |  |
| Rate your overall Sense of Wellbeing |  |  |
| Describe your diet |  |  |
| Are you happy with your **Weight**? |  |  |
| Sugar cravings  |  | High / moderate / low / non-existant |
| Migraines / Headaches |  |  |
| Rate your Skin overall |  | Any eczema / psoriasis / pimples / burning / rashes/ itching/dryness? |
| **Overall Digestive Function?** |  |  |
| Bloating |  | Indicate frequency : a few times in a day / daily / every other day / weekly / other |
| Reflux / gastric burning sensation |  |  |
|  |  |  |
| **Bowel function overall?** |  | Indicate : well formed & easy to pass / loose / diarrhoea / lots of wind / mucus / constipated / other: |
| How often do you have a bowel motion... |  | Indicate frequency : a few times in a day / daily / every other day / weekly / other : |
| Wind / flatulence. Is *it Odorous?*  |  |  |
| Do you have any Haemorrhoids or blood on wiping?  |  |  |
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| **Rate your sleep quality overall** |  | (10=go to sleep easily, sleep through the night and wake well rested) |
| Average hours of sleep |  |  |
| Number of times you wake |  | What time/s do you wake? Time taken to go back to sleep -  |
| Any night sweats? |  |  |
| Libido overall? |  | High / moderate / low / non-existant |
|  |  |
| What exercise are you doing & how much?Rate the intensity MILD/MODERATE/HIGH |  |

BODY PAIN / DISCOMFORT : Please rate where **1 = low / 10 = high.**

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| --- | --- | --- |
| Muscle tension / hardness / knots |  |  |
| Body pain |  |  |
| Headaches* intensity
 |  |  |
| Neck & Upper Shoulders |  |  |
| Middle Back |  |  |
| Lower Back |  |  |
| Legs |  |  |
| Arms & shoulders |  |  |
| Joints |  |  |
| Legs & feet |  |  |

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| **HORMONES - WOMEN :-** | …/10 |  |
| Period pain  |  | Cycle length (days) : 21 / 28 / 30 / 40+ 1st day of last period – date *:*  |
| Breast Tenderness |  |  |
| Fluid retention |  |  |
| Spotting |  |  |
| Flushing / sweating (day / night) |  |  |
| How long was your last cycle(first day of period to day before flow of next period) |  |  |

**Your Personal Timeline** – Please record everything you remember from your life – include accidents, traumas, travel, where you lived, what you were doing, any scar/ fall/injuries/accidents/ whiplash; significant stressors, relationship breakups, terminations, pregnancies, significant infections, hospitalisation, personal issues, losses, relationship breakups, births, deaths, moves etc.

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| **Your mum’s pregnancy with you.**What number pregnancy were you? While pregnant, did your mum smoke, take medications, live on a farm, experience stress, trauma, loss etc. What was going on in her life then? |  |
| **Your birth**Include birth trauma, cord around neck, were you induced, did you mum suffer any stress or trauma, birth medications, forceps etc.  |  |
| **0-2**   |  |
| **2-4**   |  |
| **5-7**  |  |
| **7-10** |  |
| **11-13** |  |
| **14-16** |  |
| **17-19** |  |
| **20-22** |  |
| **23-25** |  |
| **26-28** |  |
| **29-31** |  |
| **32-34** |  |
| **35-37** |  |
| **38-40** |  |
| **41-45** |  |
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| **What is your mum’s story? What was happening for her when you were conceived and what was going on in her life while she was pregnant with you**? (Ask her if you can, or ask someone else who would know. This is important.)  |

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| **Rate briefly the quality of the primary relationships in your life out of ten where ten is gold to you**. Do any of these people cause you unmittigated stress?Mum – Dad – Siblings - Current partner –Previous partner – Child/ren – Friend/s – Your Boss -Work colleagues – Others -  |  |

Other Health Issues / Health history

|  |  |
| --- | --- |
| **Do you have any diagnosed conditions or physical health issues? What are your main health issues?** |  |
| **What Medications do you take, how long for and what they are for** : |  |
| **What Supplements/herbs do you take, how long for, and what are they for**? |  |
| **Are you currently seeing any other practitioners, what for and how long for**? |  |
| **History of Treatments undertaken to date**:  |  |
| **What vaccinations have you had and when?**  |  |
| **How many of these tests have you had :** XRAYS CAT scans MRI Mamogram  |  |

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| YES/NO | Are you Religious? |
|  | What do you believe in? |

**Important - Please Read :**

**At Healthier By Choice we work very differently to most practitioners. Our sessions employ an ecclectic range of holistic therapies and processes, to take into consideration all aspects of you, mental, emotional, physical and energetic. These aspects make up what is at play as you experience your health right now.**

**What to Expect from your sessions**

We are here to help connect your answers, so you can move forward with clarity and intention. We believe all healing is self healing, and when you know what, why and how, the rest is easy. Through the time between your sessions, you will be integrating and applying new things and it is good to keep a track of these things for your next session.

We may use a gentle relaxation process to bring awareness to your inner wisdom. If emotional healing is part of your session, it is common to feel tired in the few days following as the body adjusts to a new way of being. As these changes become normalised, some people find that they often can’t even remember what the problem was, they just don’t feel triggered by an old issue anymore, which is quite freeing. When old triggers are resolved a natural neutral feeling abides. This is a sign of resolution. Because of this natural feeling, people may not notice the change in themselves, but others do. People can comment that they seem different, more relaxed somehow. When old emotions and traumas that are held in the body are resolved, relationships that were previously strained can become less stressful and more harmonious. All healing is self-healing and has very little to do with anyone else. Our relationships act as mirrors to show us what needs to be healed within us.

The physical body reflects either harmony or disharmony through physical symptoms and signs. It’s nice to listen to what the body has to say.

When working with the body and mind as one, rather than just working at managing physical symptoms, we open up to deeper healing and cycle completion. It is important to know this, as when we work with you, we are not looking to simply take symptoms away with a bandaid vitamin or herbal supplement, we don’t just want temporary relief. Rather we seek to work at the cause of health issues, listening to the body’s wisdom understanding that it is always, always on our side. You are an individual, and we want to support you at this level. You have within you everything you need to heal yourself, we want identify the obstacles to this process, so lasting healing can happen.

For this reason we do not do one off, symptom based consultations. If this is what you are looking for you may want to ask for a referral to someone else. By working with us, we ask that you continue to do the work until it feels complete. This is not always comfortable, but if you hold it in your heart, you may find yourself to be more divine that you have realised. When you learn to trust your body, it can change everything.

**AGREEMENT – Knowing that Healthier By Choice is a holistic clinic that recognises the intertwined body-mind-emotion nature of health, and having read the above overview, I acknowledge :**

* That I will be clear about what I want to achieve from my session at the start of the appointment.
* That should emotions, memories and stories from my past these things come up during my session/s, they are likely an important part of my healing process and I will honor this for myself. I know that my memories live in my body and as such influence my biochemistry, body function and how I feel.
* All memories are just a perception of past events, a story I am remembering. If I change the perception of the event, I change the effect on my body. (This is important to know if there has been any trauma in your life.)
* At all times I am in control and will communicate my needs throughout my session.
* I understand that Healthier By Choice is not a conventional mainstream Naturopathic clinic. Sessions may incorporate physical, mental and emotional processes. My sessions are individualised and personal. If emotions and memories come up to be cleared, I have a choice as to whether to go ahead and will discuss any reservations with my practitioner straight away.
* I realise that as I change and grow within myself, people in my life may notice, and we both may need to adjust our expectations, reframing aspects of our relationship as I step into a more empowered state of being. I understand that this may inspire or drive changes in my life. I realise that where I have not been functioning in alignment with my innate being, where I have been compromising or putting up with things that are not in my best interest, circumstances may not be possible to maintain on an ongoing basis, and changes may be required to remain in alignment with my best interests. As I build confidence and clarity within myself, relationships that relied on me being small for them to survive, may naturally undergo some turbulence as my world adjusts to the new me, and this is a beneficial sign of growth.
* I realise that whatever mud has been allowed to settle in my life over time, it MAY be stirred up to be dealt with, resolved and cleared as part of my healing process. Just like a spring cleaning can circulate the dust, working through the process to move out old issues that don’t serve me anymore will allow me to make room for new experiences and add more value to my life, work and relationships.
* I understand that everybody responds in their own unique way, and I will not hold Monica or Healthier By Choice responsible for my process. Following my session, if I feel things are getting stirred up, I will make another appointment to move the cycle through more smoothly.
* I understand that I am 100% responsible for myself, my journey and my self-care, just as everyone in my life is responsible for their own decisions, behaviours and feelings. No one else is responsible for me, and I am not responsible for anyone else.
* I will fully participate in my sessions and any allotted homework for my own best results.
* I understand that this work is not a replacement for medical care, medication or psychotherapy, and I will continue to use these mainstream services as I continue to take proactive responsibility for my wellbeing.
* I have read the pre-session information and privacy policy on the website: **https://www.healthierbychoice.com.au**

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| Signed : DATE : | If this form is emailed, your email address will serve as your signature. |