



Holistic Wellness Buddy
...your partner in health

Client Questionnaire

Today's date: _____

Client information

Full name _____

Address (with zip code) _____

Home telephone _____ Work telephone _____

Cell phone _____ Fax _____

Email _____

Occupation(s) (if retired or unemployed, former occupation)

Your date of birth _____ Marital status _____

Name of significant other _____

Names and ages of children _____

Are you currently under the care of a physician? If yes, please list name and phone number

Please answer the following questions so I can best serve your needs:

What services are you seeking? _____ Reiki
_____ Wellness Session
_____ Integrative Relaxation Session

Location of where you would like service provided: _____

What is the reason(s) you are seeking out the above services?

How did you learn about Buddy Ross? (if a person referred you, please list) _____

Medical Problems/Health Challenges

Allergies (include medications, environmental, food, etc.) _____

Medications (including nutritional supplements, powders, teas, etc) _____

What types of alternative, holistic, integrative, complementary modalities do you currently use or have previously tried?

What is your greatest pleasure in life? _____

What is your greatest challenge? _____

On a scale of 1-10 (1= Poor; 10= Great) rate how fulfilled you are in the following areas of your life:

- | | |
|--------------------------|---------------------------------|
| _____ Personal growth | _____ Career |
| _____ Money | _____ Physical environment |
| _____ Health | _____ Significant other/romance |
| _____ Fun and recreation | _____ Spiritual life |
| _____ Family and friends | _____ Emotions |
| _____ Fitness | _____ Happiness |

On a scale of 1-10 (as above) rate your current stress level _____

How do you currently relax or unwind? _____

What are 5 qualities that best describe you? _____

Is there anything else you would like me to know about you? _____

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