



Client Survey

These questions help me understand your daily routine and tendencies so we can create a plan of care customized for your individual needs and lifestyle.

Name: _____ Date: _____

How would you describe your overall health? (Physical, mental, social, & spiritual)

How much water do you drink/day? (8oz. = 1 cup) _____

How would you describe your diet and digestion? _____

Describe your rest/sleep patterns (i.e. hours/naps/trouble falling asleep/trouble staying asleep)

What is your social support system like (family and/or friends)?

Rate your stress on a scale of 1 to 10 (1=Minimal and 10=Severe) Current: _____ Generally over the last 6 months: _____

What strategies do you use to manage stressful and emotional situations?

Which aspects of your life give you the most joy and pleasure?

Provide a brief description of your job. (Bending, lifting, typing...)

Do you have a spiritual practice? _____

Do you tend to get hot or cold? _____ Do you have dry or oily skin? _____

Please number the following in order of importance to you. (1: most important and 5: least important)

Strength ___ Flexibility ___ Balance ___ Quality of Breath ___ Quiet Mind ___

Is there anything else you would like to share with me or do you have anything you would like to ask me?
