Wellness With Cara Mia Client Health and Wellness Questionnaire

Welcome to our Health and Wellness Coaching program! This assessment is designed to help us gain a comprehensive understanding of your current lifestyle, health, and wellness status. As your health coach, we do not diagnose or treat health conditions, but instead, we support and guide you in making sustainable lifestyle changes to enhance your overall wellness. The information you provide will allow us to tailor a wellness program that best fits your needs and supports your goals. We respect your privacy and confidentiality, so rest assured that all information provided will be handled professionally and privately.

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PERSONAL INFO
Name:
Date: Phone Number:
Email:
Mailing Address:
Do You Prefer Email or Text?
Do fou Freier Linan of Text:
GENERAL HEALTH HISTORY
Date Of Last Physical Exam:
Current Medical Conditions (If Any)
Current Medications (If Any)
Allergies (If Any)
Family Medical History – Known Conditions
Do You Currently Take Supplements? If So Please List:
22 .23 23, .2 Supplements. 1. 55edse 2.56.
Have You Had Any Surgeries In The Past?

CURRENT DIET

Are You Following Any Specific Diets Or Protocols? If So Please Share What Kind

How Often Do You Eat Out/Get Takeout?
Would You Say You Eat Clean (Avoid Processed Foods, Chemicals, Eat Organically, etc)?

PHYSICAL WELLNESS

How Would You Rate Your Overall Physical Health (Poor, Fair, Good, Excellent)? Do You Have Any Physical Health Concerns?

Please Share Any Weekly Physical Activity You Endure:

Do You Smoke, Drink Alcohol, Or Use Recreational Drugs? How Would You Describe Your Sleep Habits?

EMOTIONAL WELLNESS

How Would You Rate Your Overall Emotional Health (Poor, Fair, Good, Excellent)? Do You Have Any Emotional Concerns Or Stressors Presently?

Have You In Counseling Now Or Have You Sought Counseling Or Therapy Before? If Yes, Was It Beneficial To You Or Ineffective? Why Do You Feel That Way?

SPIRITUAL WELLNESS

Do You Engage In Spiritual Practices Or Follow A Religious Path? Please Share.

How Do You Feel Your Spiritual Beliefs Or Practices Influence Your Health?
What Are Your Current Struggles And What Do You Hope To Accomplish By Working With A Coach?