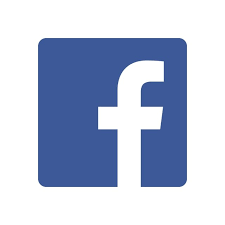
Grazia Miglietta

Functional Diagnostic Nutrition ® Practitioner

Holistic Health Practitioner

[info@w-holisticHealth.com](mailto:info@w-holisticHealth.com)

[www.W-holisticHealth.com](http://www.W-holisticHealth.com)

 **wholistichealthadvocate**

*Your Complimentary Ideal Health & Weight Discovery Session!*

During this Free 45-minute session I will dedicate my time to exploring what’s been going on with you, where your biggest healing opportunities are and what you should do next to take back control of your health and become the CEO of your own health!

Tell me a little about you and what I can help with. Fill out the form below and you will be sent a link to schedule your appointment.

*One conversation can change your life*.

**INITIAL CONFIDENTIAL QUESTIONNAIRE**

**Name and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age and sex:** \_\_\_\_\_\_\_\_

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone: \_\_\_\_\_\_\_\_\_\_\_\_**

**1. What is your main health complaint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. How often does it bother you?**

Every day: \_\_\_ Once per week: \_\_\_ Once per month: \_\_\_ Other: \_\_\_\_\_

**3. How long has it been going on for?** 1-6 Months: \_\_\_\_ 1-3 Years: \_\_\_\_ Over 3 Years: \_\_\_\_

**4. What have you tried so far that has not worked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. What (or who) would prevent you from completing a health-rebuilding or weight loss**

**program?** Children: \_\_\_ Partner: \_\_\_ Time: \_\_\_ Self: \_\_\_ Money: \_\_\_ Fear: \_\_\_

Resources: \_\_\_ Job: \_\_\_

**6. What is your current diet like? Please be specific: list breakfast, lunch, dinner, and**

**snacks, as well as the times you eat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Are you taking any supplements or medications? Please list what you take and what it is**

**for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. What would you like your health to be in 3 months from now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How about 6 months from now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. What obstacles, challenges, and struggles do you face regarding diet/lifestyle? \_\_\_\_\_\_\_\_**

**10. If we were to work together what would you expect to achieve from working with**

**me? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. What are 3-5 things you LOVE about your life and you are grateful for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. On a scale of 1-10 (ten being particularly important), how important is it to you to**

**resolve this? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

P.S.: Once filled out, please send this as an attachment to [info@W-holisticHealth.com](mailto:info@W-holisticHealth.com) Thank you.

**N.B.: Everything you share with me is held in strict confidence, and I guarantee your privacy.**

**A Glimpse for Your Ideal Health & Weight Discovery Session:**

My brand statement is: *“Naturally empowering the body to unleash its healing power”.* I want my clients to have the empowerment and education for self-care to stay healthy for the rest of their lives.

I do not diagnose or treat any specific conditions or focus on symptoms but treat the body as a whole. All recommendations are voluntary in application.