

Mama Wu's Good Medicine

Helena Wu
230 Hilton Lane
Londonderry, VT 05148
802-289-7369 (cell)
mamawu@mamawusgoodmedicine.com

HEALTH CONSULTATION QUESTIONNAIRE

Please return this form before your appointment date along with 2 full length photos of yourself (one front view and one side). Thank you!

Name:

Date:

Address:

Phone: Home:

Cell:

Best times & preferred way to reach you:

email:

Who referred you?

Would you like to be on the

email/mail list?

Date of birth:

Age:

Male/Female

Height:

Weight:

Ethnicity:

Your living situation (eg. married, homeless, children, pets, rural, etc.):

Occupation:

Like your job?

Previous occupations:

Skills, hobbies, crafts, favorite pastimes:

Do you have a spiritual practice? What?

How do you nurture yourself?

Family history (health, emotional, relationship with parents and siblings, birth order, etc.):

Please make a list of all your health problems and when they began (eg. headaches, 1999 after car accident or anxiety- 2002 after house broken into or depression 2018 after relationship ended).

Physical -Think about respiratory, digestive, hormonal, immune, circulatory or blood, skin, skeletal or joint, eyes, ears, reproductive, urinary, etc.:

Mental:

Emotional:

Western medical diagnosis, if known:

Other assessments (Chinese medicine, etc.):

Past injuries, hospitalizations, trauma (physical, emotional) when they happened & how treated:

Are you currently under the care of another healthcare practitioner? What kind?

Healthcare modalities used in the past (homeopathy, chiropractic, acupuncture, etc.) and what for:

Current medications (include over-the-counter), antibiotics, herbs, supplements, treatments, etc:

Previous ones used:

Tobacco/Drug/Alcohol use (what, how often or past use):

Physical activities you do and how often:

Please list everything you ate and drank in the last 3 days:

What stresses do you have in your life? How do you deal with stress?

What is your own analysis of your health problem?

What are your expectations for resolving it?

Anything else you want me to know about yourself?

Satisfaction rating. (1= bad, 10=great): Work__ Relationship__ Health__
Social__ Living conditions__ Spiritual expression__ Financial__

Are you willing to try: tea, capsules, syrup, flower essences, salves, essential oils, homeopathics, compresses, baths, steams, body work, lifestyle and dietary changes, counseling, ceremony/ritual work, other therapies, everything? Circle all that you would do.

Well done! Your healing has begun.