## Mama Wu's Good Medicine

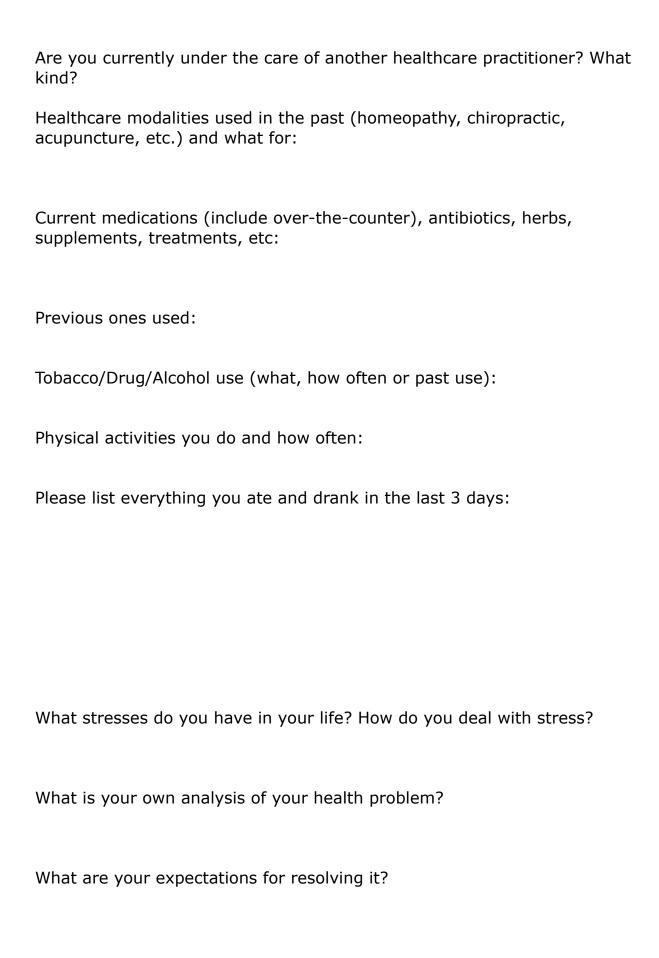
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## HEALTH CONSULTATION QUESTIONNAIRE

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

photos of yourself (one front view and t	one side). Indik you:
Name: Date: Address:	
Phone: Home:	Cell:
Best times & preferred way to reach you email:	u:
Who referred you? email/mail list?	Would you like to be on the
•	1ale/Female
Height: Weight:	Ethnicity:
Your living situation (eg. married, home	eless, children, pets, rural, etc.):
Occupation: Previous occupations:	Like your job?
Skills, hobbies, crafts, favorite pastimes	5:
Do you have a spiritual practice? What? How do you nurture yourself?	
Family history (health, emotional, relatibirth order, etc):	onship with parents and siblings,

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:	
western medical diagnosis, il known.	
Other assessments (Chinese medicine, etc.):	
Past injuries, hospitalizations, trauma (physical, emotional) when they	
happened & how treated:	



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.