Health and Wellness Assessment

Welcome to the family!

At Better Together Health and Wellness, you are not just part of a wellness program, you are family! As part of the family, we want to get to know you better. This assessment is designed to help us gain a more comprehensive understanding of your current lifestyle, health, and wellness status. As a reminder, we do not diagnose or treat health conditions, but instead, we support and help guide you in making sustainable lifestyle changes to enhance your overall wellness. The information you provide will allow us to support your goals throughout your wellness journey as you achieve desired outcomes. We respect your privacy and confidentiality, so rest assured that all information provided will be handled professionally and privately.

PERSONAL INFORMATION

Name: _____

Date: _____

Phone number: _____

Email: _____

Mailing address: _____

Best time to contact you: _____

GENERAL HEALTH INFORMATION

Do you have any allergies? If yes, please specify: _____

Chronic Medical Conditions (if any): _____

Current Medications (if any): _____

Current Supplements (if any): _____

PHYSICAL WELLNESS

How would you rate your overall physical health (Poor, Fair, Good, Excellent)? _____

Do you have any physical health concerns? _____

Describe your weekly physical activity: _____

What is your current diet like? _____

Do you smoke, drink alcohol, or use recreational drugs? _____

How would you describe your sleep habits? _____

How many hours of sleep do you get on average per night? _____

EMOTIONAL WELLNESS

How would you rate your overall emotional health (Poor, Fair, Good, Excellent)? _____

Do you have any emotional concerns or stressors at present? _____

What activities do you engage in for stress relief? _____

Have you sought therapy or counseling before? _____

OCCUPATIONAL WELLNESS

Describe your current occupation and job satisfaction level: _____

How does your occupation impact your overall health? _____

Do you feel your work-life balance is appropriate? _____

Do you experience any occupational stress? How do you manage it? _____

INTERPERSONAL AND SOCIAL WELLNESS

How would you rate your satisfaction with your personal relationships (friends, family, partners)? _____

Are you content with your social life? _____

How do your relationships affect your overall well-being? _____

INTELLECTUAL WELLNESS

What activities do you engage in for personal growth and intellectual development? _____

Do you feel mentally stimulated by your daily activities? _____

How often do you partake in creative or stimulating activities outside of work? _____

SPIRITUAL WELLNESS

Do you engage in spiritual practices? Please describe. _____

How do you feel your spiritual beliefs or practices influence your health? _____

Do you have any spiritual concerns or challenges you want to discuss? _____

OTHER INFORMATION YOU WOULD LIKE TO SHARE

_____

_____

_____

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