The Body Heals
www.thebodyheals.ca
theresa@thebodyheals.ca
250.878.5079

Wellness Inventory

Name: Date: Address:

Date of Birth: Phone: Email:

Describe your current health concerns

How have these health concerns been influencing your daily life and activities ?

On a scale from 1-10 , 10 being the highest, how would you rate your overall level of stress

Describe your current exercise routine including how frequently you exercise /or move your body.

What are your health goals moving forward?

Are you taking any medications or supplements and if so please list them.

How healthy would you rate your relationships on a scale from 1-10 ?

What are some personal practices that nurture and nourish you ?
ie meditation, yoga, journaling

When do you feel at your best, physically, mentally, emotionally and spiritually ?

The Body Heals
www.thebodyheals.ca
theresa@thebodyheals.ca
250.878.5079

Wellness Inventory

If you are experiencing any pain in your body describe where and the level of pain on a scale of 1-10

How many hours of sleep do you get per night?

On a scale from 1-10 how would you rate the following:

Quality of sleep:

Energy level:

Joy in life:

If you could have one goal that you would like to focus on achieving once your health is restored, what would that goal be?

Patient/Client signature:

Date: