

# Health Assessment



Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Complete the questions below to the best of your ability. Circle the number next to the symptom to indicate level of discomfort applicable to you, **for example;**

1 to 3 is mild

4 to 6 is moderate

7 to 10 is severe

1. What are your main issues/symptom? Explain location discomfort level and frequency if possible.

	<b>1 2 3 4 5 6 7 8 9 10</b>
	<b>1 2 3 4 5 6 7 8 9 10</b>
	<b>1 2 3 4 5 6 7 8 9 10</b>
	<b>1 2 3 4 5 6 7 8 9 10</b>
	<b>1 2 3 4 5 6 7 8 9 10</b>

2 List your surgeries and approximate date they occurred


3. List major trauma's (both physical and/or emotional)


4. List any broken bones or torn ligaments


5. List any medications you are currently taking


6. List any non-pharmaceutical supplements you are currently taking


*(All of the above information is confidential and accessible to Body Wisdom Tree only)*