



Health and Wellness Assessment

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Email: _____

Mobile: _____

Age: _____ Height: _____ Birthday: _____ Place of Birth: _____

Current weight: _____ Weight one year ago: _____

Weight you would prefer to be: _____ Why? _____

SOCIAL INFORMATION

Relationship status: _____

Where do you currently live? _____

Children: _____ Pets: _____

Occupation: _____ Hours worked per week: _____

Health Information

Please list your main health concerns: _____

Other concerns or goals? _____

Illnesses/hospitalizations? _____

HEALTH INFORMATION (CONT.)

How is/was the health of your mother? _____

How is/was the health of your father? _____

How is your sleep? _____ How many hours? _____

Do you wake up at night? _____ Why? _____

Any pain, stiffness, or swelling? _____

Digestive Problems? _____

MEDICAL INFORMATION

Do you take any supplements or medications? Please list: _____

Experiencing any side-effects from medications? _____

Monthly medication costs: _____

FOOD INFORMATION

Do you eat healthier *now* or when you were a child? Explain? _____

What percentage of your food is home-cooked? _____ Where do you get the rest of your meals/snacks? _____

FOOD INFORMATION (CONT.)

Do you grow/raise any of your food? Now or in the past? _____

Do you crave sugar, coffee, cigarettes, alcohol, or have any other addictions? _____

What do you **need to do** to improve your (and your family's) health? _____

STRESS RELIEF

What do you do for fun/exercise? How often per week? _____

What was your favorite sport or activity that you enjoyed when you were younger? _____

_____ Do you still play? _____ If no,

why? (Age, physical limitations, time) _____

What stresses you out? _____

What do you do to relieve stressors? _____

Any activities (poor diet, smoking, drinking, lack of exercise...) that you did when you were younger (maybe still do) that negatively impacted your current health status? _____

How old do you **want to live to** vs. how old **do you think you will realistically live to** in your current state of health? Explain. _____

Where do you see yourself living the last 1 – 2 years of your life? (present house, living with family, assisted living, nursing home) _____

Have you budgeted for poor health? _____

ADDITIONAL COMMENTS

Anything else you wish to share? _____
