

NC Community Wellbeing

Health Questionnaire

Full Name

Date of Birth

Shipping Address

Email Address (This is for appointment reminders.)

Best phone number to reach you at and time

Do you have any previous diagnosed conditions?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

What are your top 3 health concerns?

- 1. _____
- 2. _____
- 3. _____

What (if any) prescription medications do you take?

What (if any) supplements and/or herbs do you take regularly?

What is your typical Breakfast?

What is your typical Lunch?

What is your typical Dinner?

What do you eat for snacks? How often?

Do you crave certain foods? If so, what kind?

How much water do you drink daily?

Do you drink alcohol?

Do you smoke?

What type of exercise do you do? How often?

How often do you pass a stool? Daily Twice Daily More than Twice Daily Not every day

What is the stools consistency? Hard Soft Extremely Loose

Do you notice a rash anywhere on your body? (Consider every part!)

Are you or have you ever been exposed to mold, heavy metals, or any other environmental toxins? If so, please explain.

Have you had vaccinations in the last 7 years?

Do you use a microwave?

Do you watch television? If so, how often? Do you watch it before bed?

What is your sleep schedule?

Do you wake up with energy?

When do you feel most energized during the day?

When do you feel least energized during the day?

Do you have a spiritual practice?

Are you in a relationship?

Do you feel supported and respected in this relationship?

Women Only

Do you still menstruate?

If not, at what age did you stop?

What was the date you started your last cycle?

How long is your menstruation cycle?

Do you experience PMS? If so, what symptoms present?

How many pregnancies have you had?

How many children do you have and what age are they?

Did you have a vaginal birth or c-section?

What is the total number of years you breastfed?

Do you experience climax during intercourse?

Do you have pain during intercourse?

Men Only

At what age did you reach puberty?

Do you feel the urge to urinate frequently?

Do you experience pain or other uncomfortable feeling in your lower organs/muscles? If so, please explain.

