

**Health and Well-Being History**  
**Designed By You Healing Arts, LLC**

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

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

1. How did you find out about my work? \_\_\_\_\_

2. Please describe the goals you would like to achieve through our work together:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list the results of any medical tests you have had within the past year related to your condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe any other type of health services (traditional or otherwise) you are receiving or have received for your condition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What daily or activities do you find difficult or are limited in because of your condition? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you currently take prescription medications? \_\_\_\_\_ If so, please describe the type, dosage and reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are you currently taking any natural remedies, supplements or over-the-counter medications? If so, please describe the type and dosage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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### Well-Being

My family stress is:           none    minimal    moderate    severe  
My relationship stress is:    none    minimal    moderate    severe  
My financial stress is:       none    minimal    moderate    severe  
My health stress is:          none    minimal    moderate    severe  
Other stress: \_\_\_\_\_

How much time do you have for yourself to relax, and what do you do to relax?

\_\_\_\_\_  
\_\_\_\_\_

Do you exercise? \_\_\_\_\_ If so, what kind and how often? \_\_\_\_\_

How many hours per night do you sleep? \_\_\_\_\_ Is your sleep restful? \_\_\_\_\_

If not, please describe \_\_\_\_\_

Do you smoke tobacco? If so, please describe \_\_\_\_\_

Please briefly describe your diet: \_\_\_\_\_

Do you drink alcohol or use recreational drugs? If so, please describe: \_\_\_\_\_

What is your experience with antibiotics? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

