



*Holistic Wellness Buddy*  
...your partner in health

*Client Questionnaire*

Today's date: \_\_\_\_\_

**Client information**

Full name \_\_\_\_\_

Address (with zip code) \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Occupation(s) (if retired or unemployed, former occupation)  
\_\_\_\_\_

Your date of birth \_\_\_\_\_ Marital status \_\_\_\_\_

Name of significant other \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Are you currently under the care of a physician? If yes, please list name and phone number  
\_\_\_\_\_

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**Please answer the following questions so I can best serve your needs:**

What services are you seeking? \_\_\_\_\_ Reiki  
\_\_\_\_\_ Wellness Session  
\_\_\_\_\_ Integrative Relaxation Session

Location of where you would like service provided: \_\_\_\_\_

What is the reason(s) you are seeking out the above services?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Buddy Ross? (if a person referred you, please list) \_\_\_\_\_

Medical Problems/Health Challenges  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (include medications, environmental, food, etc.) \_\_\_\_\_

Medications (including nutritional supplements, powders, teas, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of alternative, holistic, integrative, complementary modalities do you currently use or have previously tried?  
\_\_\_\_\_  
\_\_\_\_\_

What is your greatest pleasure in life? \_\_\_\_\_

What is your greatest challenge? \_\_\_\_\_

On a scale of 1-10 (1= Poor; 10= Great) rate how fulfilled you are in the following areas of your life:

- |                          |                                 |
|--------------------------|---------------------------------|
| _____ Personal growth    | _____ Career                    |
| _____ Money              | _____ Physical environment      |
| _____ Health             | _____ Significant other/romance |
| _____ Fun and recreation | _____ Spiritual life            |
| _____ Family and friends | _____ Emotions                  |
| _____ Fitness            | _____ Happiness                 |

On a scale of 1-10 (as above) rate your current stress level \_\_\_\_\_

How do you currently relax or unwind? \_\_\_\_\_

What are 5 qualities that best describe you? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like me to know about you? \_\_\_\_\_

\_\_\_\_\_

*Buddy Ann Ross, ND, MS, BSN, RN*  
*Integrative/Holistic Nurse Consultant*  
*Certified Wellness Inventory Coach*  
*Traditional Naturopath*  
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