



**Client Questionnaire**

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

**Client information**

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

Address \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

Email \_\_\_\_\_

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

Your date of birth \_\_\_\_\_

Reason for visit:

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

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) \_\_\_\_\_

\_\_\_\_\_

(use back of form or attach separate page if more space is needed)

Nutritional Intake: On the reverse side of this page, or on a separate page, please write down time of day and what you typically eat for breakfast, lunch, dinner and snacks, and include all fluids.

What type of water do you drink? \_\_\_\_\_  
(specify, bottled, tap, distilled, 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 (1 is low stress and 10 is very high stress) rate your current stress level \_\_\_\_\_

How many hours of sleep do you get? \_\_\_\_\_

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

How do you rate your self-esteem and ability to love yourself  
(On a scale of 1-10 (1 = Poor; 10 = Great) \_\_\_\_\_

Describe your childhood  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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