

## ZEE HEALING SANCTUARY HEALTH QUESTIONNAIRE

Name:

Today's date:

E-mail address:

Postal mail address:

Phone number:

Where or how did you find Zee Healing Sanctuary? (If on the Internet, which search engine, please?)

Age:

Birth date:

Height:

Weight:

Describe any recent weight loss or gain:

If you can e-mail me a photo of yourself that will help me know you better.

Occupation:

Are you now working?      How many hours per day?

Are you or your family dependent on your income?

Are you under any financial stress?

Do you have any known food, medical or environmental allergies?

Current medical diagnosis and health condition:

How long have you been sick?

Are you on disability or considering it?

Are you able to stop working and take a complete rest for a few weeks?

Are you under any family stress?

Describe your recent and current health problems & symptoms:

Describe your digestion (gas/stomach distress/etc.) and when problems occur:

Describe your bowel movement form, difficulties and frequency (e.g., diarrhea/stools/straining/bleeding/mucus/pains):

How many bowel movements have you had in the last 24 hours?

Are you now under medical care (please describe)?

Summarize past health problems:

Please list past and present medications:

Do you use/have you used any of the following (If so, how often?):

Alcohol\_\_\_\_\_

Tobacco\_\_\_\_\_

Recreational drugs\_\_\_\_\_

Describe your energy levels during the day and evening:

How many hours of sleep do you get?

Do you take rests and naps during the day?

Please list questions you have:

What are your favorite foods?

Describe your general eating habits, how much you eat, and any recent changes in your diet:

Please circle the foods/drinks/products consumed and how often.

Meat\_\_\_\_\_ Dairy\_\_\_\_\_ Pastas/bread/grains\_\_\_\_\_

Fresh/raw fruit\_\_\_\_\_ Fresh/raw vegetables\_\_\_\_\_

Cooked vegetables & potatoes\_\_\_\_\_ Beans/legumes\_\_\_\_\_

Raw nuts and seeds\_\_\_\_\_

Snacks (crackers, cookies, chocolate, ice-cream, candies,  
etc.)\_\_\_\_\_ Carbonated soft drinks\_\_\_\_\_ Coffee\_\_\_\_\_

Teas\_\_\_\_\_ Salt \_\_\_\_\_ Spices/Seasonings \_\_\_\_\_

Bottled salad dressings/mayo \_\_\_\_\_

Canned/bottled products \_\_\_\_\_

What is the approximate percentage of your diet that is raw/uncooked food?

Please list any supplements/vitamins/remedies you take:

If you eat meat, do you believe you can or cannot give it up?

Do you have any known food allergies?

What kind of water do you drink, and how much?

Do you ever drink chlorinated city water?

Is your household water chlorinated, and if yes, do you have a shower filter?

Do you have a juicer (what kind)?

Do you have a steamer?

Do you cook with any aluminum pots and pans (not recommended)?

If you are a female:

Are you pregnant?

When was the 1<sup>st</sup> day of your last menstruation (if applicable)?

Please circle all that apply: clots stringy heavy

Do you experience any PMS symptoms? Cramps, bloating, moodiness, or breast tenderness?

Are you menopausal or post-menopausal?

If so, are you experiencing any unpleasant effects?

How is your appetite?

Do you wake up hungry?

Are you able to exercise? If so, describe.

What are your favorite leisure time activities/hobbies?

Do you have a spiritual or self-improvement practice? Please describe.

Are you content with your practice?

Are there any parts of your body and/or life that you do not like? Describe:

Please describe any fears, shame and worries you have and how much you believe they are affecting your health and happiness.

Please describe any other kind of health support or therapy you are now receiving.

How fast do you want to go with your diet and healthful lifestyle transition?

What would you like to learn more about?