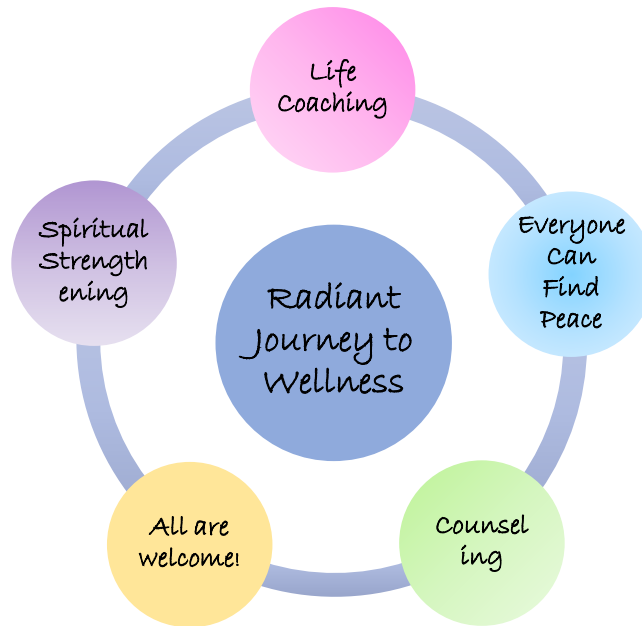


RADIANT JOURNEY to WELLNESS

Intake Questionnaire



Thank you for taking the time to answer the following questions as honestly as possible. Please be sure to return the Questionnaire 24-to-48-hours prior to your Radiant Journey to Wellness Intake Session.

All of your information will be kept confidential.

- 1. What is your main health, life, or Spirituality concern? (You may have more than one.)***

- 2. What have you done in the past to work on this concern? (Please include both alternative and traditional modalities.)***

3. *Has anything proven effective? If yes, please explain.*

If working on health or stress related issue/s, please answer questions 4 & 5; if working on a specific life or Spirituality issue/s, please go on to question 6.

4. *What is your current diet like? Please be specific: breakfast, lunch, dinner, & snacks for an average day, as well as the times you eat; please include if you regularly skip meals and/or consume alcohol or non-food substances.*

Meal/snack	Time	What you eat or why you skip meals?
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		
Alcohol Intake	Amount	How many days a week?
Non-food substances	Item/object	Urges related to substance

5. ***Are you taking any medications, supplements, or illegal drugs (include marijuana use)? Please list the time you take it, what you take, why you take it or use it & any side-effects you experience & what concerns you.***

Time	Med/Supplement	Reason	Side-effects

6. ***Where would you like to be with your current concern/s 30 days from now?***

How about 90 days from now?

7. ***How would you feel if you got this/these result/s?***

8. ***What obstacles, challenges, and/or struggles do you come up against regarding your health, life, or Spirituality concern which you feel prevent you from moving forward?***

9. ***What do you hope to get out of our time together?***

10. ***What are five things you love about your life?***

1.

2.

3.

4.

5.

Is there anything else you'd like to tell me?