



# CLINIC FOR HEILKUNST MEDICINE

General Questionnaire

DATE COMPLETED (mm/dd/yy)

FULL GIVEN NAME(S)

SURNAME

PARENT/GUARDIAN (if applicable)

DATE OF BIRTH (mm/dd/yy)

PLACE OF BIRTH

TIME OF BIRTH (local time, a.m. or p.m., time zone eg: EST, PST)

CHIEF COMPLAINT(S):

## GENERAL REGIMEN QUESTIONS

### WATER:

How much water do you drink in a day (cups, fluid oz., litres or ml.) \_\_\_\_\_

What kind of water do you drink? (tap, bottled, spring, artesian, etc) \_\_\_\_\_

How much natural, fresh fruit or vegetable juice do you drink in a day/week? \_\_\_\_\_

### BEVERAGES:

How much do you drink of the following: Alcohol \_\_\_\_\_ per day/week/month (circle one)

Coffee/tea \_\_\_\_\_ per day/week/month (circle one)

Commercial fruit juices \_\_\_\_\_ per day/week/month (circle one)

Miscellaneous \_\_\_\_\_ per day/week/month (circle one)

**FOOD:**

Describe what you eat on a regular basis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any food cravings \_\_\_\_\_

\_\_\_\_\_

How would you characterize your appetite? \_\_\_\_\_

\_\_\_\_\_

**SLEEP:**

How much sleep do you get a night? (in hours) \_\_\_\_\_

What kind of sleep do you get? (restful, sound, deep, refreshing, fitful, light, etc.) \_\_\_\_\_

What time do you normally go to sleep? \_\_\_\_\_ When do you normally wake up? \_\_\_\_\_

Do you wake with or without an alarm clock? \_\_\_\_\_

**ENERGY:**

How would you characterize your energy level? \_\_\_\_\_

Do you have energy lows and highs during the day, and if so, when? \_\_\_\_\_

**EXERCISE:**

Are you fairly active during the day, or more sedentary? \_\_\_\_\_

What kind(s) of formal exercise do you do and how often? \_\_\_\_\_

**STRESS:**

How would you characterize your stress level on a daily basis? \_\_\_\_\_

**NUTRITIONAL SUPPLEMENTS:**

List any specific nutritional supplements you take regularly (eg: Greens, vitamins, probiotics, power bars, drinks, etc.) \_\_\_\_\_

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**DRUGS AND HERBS:**

List all prescribed and over-the-counter drugs that you are currently taking \_\_\_\_\_

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List all herbal products you take regularly \_\_\_\_\_

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**MISCELLANEOUS:**

Please provide any other information about your lifestyle that you think we should know, or that might be helpful to us in treating you.

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