



Emily Wishall

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True You

*Be Aligned: Let go of what's holding you back and step into **YOU***

Name:

Email:

Phone:

1. May I add you to my mailing list? You will be notified when I'm running specials and added to my newsletter.

Sign me up! No thank you

2. Briefly describe your current state of well-being:

3. List the top 3 health: physical, mental, emotional, or spiritual challenges you want to overcome this year:

1.

2.

3.

4. What are your top 3 health goals for the next year?

1.

2.

3.

5. Dietary History - Do you eat a balanced diet?

6. Is your diet made special in any way by what you include in it, or exclude from it?
Please elaborate.

7. Type of physical activity and times per week:

8. How do you relax?

9. What areas of your body do you feel good about?

10. What areas are you dissatisfied with and why?

11. How do you feel about your general health?

12. Do you have mobility issues, flexibility challenges, or joint tenderness? Yes ___No ___

If yes, please describe:

13. Has your injury/health condition affected your ability to sleep comfortably? Yes ___No ___

If yes, please describe:

14. Do you get 8 hours of restful sleep? Yes ___No ___

If no, please describe:

15. Have you noticed dips in your energy? Yes ___No ___

If yes, please describe:

16. Have you gained weight since your injury/health condition? Yes ___No ___

If yes, please describe

17. Have you found yourself turning to more caffeine or sugary foods to try and stay active? Yes ___No ___

If yes, please describe:

18. Do you have the time and financial resources to dedicate to our time together?

19. Is there anything else you would like me to know?