

The Purposeful Life

The questions on the following pages are designed to maximise every second of our upcoming sessions, so the more you feel you are able to answer the greater the benefit we will receive. If however, you do not feel ready at this stage to answer any of the questions, please just leave them blank. The answers you do give will be a fantastic way to record the starting point of your journey and enable me to develop a bespoke program, tailored specifically for you.

"there are three solutions to every problem: accept it, change it, or leave it. If you can't accept it, change it. If you can't change it, leave it."

Buddha



Name:
Address:
Telephone no:
E mail:
Gender:
Relationship status:
Date of birth:
Height:
Weight:
Dependents:
Pets:
Current employment status & description:

Medical notes

Has your Doctor ever said, your blood pressure was too high or too low?

Yes No

Do you have any known cardiovascular problems (abnormal ECG, previous heart attack, etc)?

Yes No

Has your Doctor ever told you that your Cholesterol was too high?

Yes No

Have you (or a family member) ever been told that you have Diabetes?

Yes No

Do you have any injuries or orthopaedic problems (back, knees, etc)?

Yes No

Do you have stiff or swollen joints?

Yes No

Do you have tension or soreness in any area?

Yes No

Are you pregnant or post-partum (< 6 weeks)?

Yes No

Medical notes...

Are your Periods regular?					
Yes	No				
Are you P	Perimenopausal?				
Yes	No				
If yes please describe symptoms					
Yes	No				
Are you Menopausal?					
Yes	No				
If yes please describe symptoms					
Are you ta	aking any prescribed medications or dietary supplementation?				
If yes plea	ase list				
Have you ever been advised by a doctor, physician or specialist not to perform any type of exercise/activity?					

Do you have any other medical condition, injury or anything else we should be aware of that we have not mentioned?

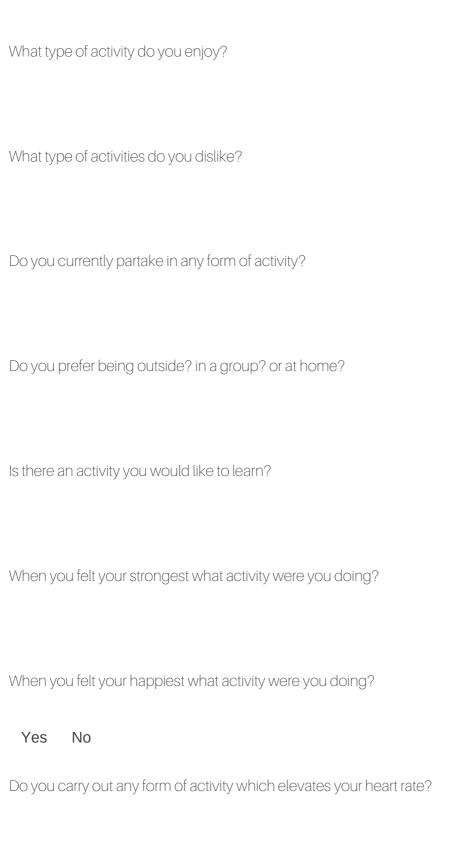
putrition

What is your eating pattern? what times? are they regular? Breakfast: Lunch: Dinner: Snacks: How would you best describe your eating lifestyle for example: Vegetarian, Keto, Vegan, Mediterranean? Is there an eating lifestyle you would like to adopt? What foods do you love? What foods do you dislike? Do you have any allergies or intolerances? Do you cook? Do you like cooking? What is your relationship with Sugar? Do you emotion eat? Do you suffer from any of the following: Indigestion Gas Bloating Tiredness after eating Do you regularly drink water? if so how much daily?

be you regularly affilix water: if so now mach daily:

Do you drink alcohol? if yes...what is your tipple and how much do you consume? If no have you ever drunk alcohol? If yes... when and why did you stop?





If yes please list, the activity, how often and for how long



Steels		
What is your sleep routine:		
Sleep time?	Wake time?	
Do you fall asleep before you go to	bed?	
Do you watch tv or a digital device i	n bed?	
Do you sleep well?		
Do you wake during the night?		
How do you feel when you wake in	the morning?	
Mentally:		
Emotionally:		
Physically:		
Do you wake before an alarm?		
Do you wake before arraidiff!		
Do you use mood lights?		



In a few words describe each of your important relationships in your life: Partner, Children, Parents, Siblings, Other Family Members, Friends, Other. How would these important people in your life describe you? Would you describe yourself as introvert or extravert? Do you have a small or large group of friends? Do you have many different groups of friends?

## Self-Care & Personal Growth

Mental

Please list below all and any activities you currently practice under the following headings
Spiritual This doesn't have to be religious, examples are Mediation, Self-Reflection, Mindfulness, Yoga.
Emotional Activities that help you connect, process and reflect such as, Journaling, Painting, Playing an Instrument.
Practical Activities that prevent stressful situations in life Financial planning, Meal Planning, De-cluttering.
Social Activities that nurture and deepen relationships, Dates with friends, Dates with Partners, Making time for family.

Activities that stimulate your mind, Reading, Crosswords, Jigsaws, learning something new.

