



NEW PATIENT FORMS – WELLNESS ASSESSMENT

Date: _____

Name: _____ DOB: _____

Address: _____

Telephone: Primary: _____ Secondary: _____

Email: _____ Occupation: _____

Primary Health Concern: _____

Referral Source: _____

Healthcare Professionals involved in your care: _____

What types of therapies have you tried for your health concern(s) or to improve your overall health?

- | | | | |
|-------------------|-------------|--------------------|-------|
| diet modification | acupuncture | chiropractic | herbs |
| vitamins/minerals | homeopathy | conventional drugs | other |

Previous nutrition counseling? _____ With Whom? _____

Following a special diet? _____

Lactose intolerant? _____ If so, do you avoid all dairy products? _____

Other Allergies or Intolerances to foods/beverages and reactions: _____

Current exercise routine: _____ Activity limitations? _____

Stress level (1-10 scale): _____ Cause(s): _____

How do you relax/de-stress?: _____

Average # hours sleep/night: _____ Any trouble sleeping?: _____ Low libido? _____

Smoker? (#/day): _____ Alcohol Drinks/wk: _____ Caffeine cups/day: _____

Do you experience any of these general symptoms?

- | | | | |
|--------------|-----------------|----------------------|---------------------|
| Headaches | Insomnia | Debilitating fatigue | Forgetfulness |
| Depression | Anxiety attacks | Constipation | Diarrhea |
| Chronic Pain | Itching/Rash | Nausea/Vomiting | Shortness of Breath |

Do you consider yourself: Obese Overweight Normal Wt Underweight Weight today: _____

Are you healthier today than 5 years ago? Yes No

What do you feel needs to change to meet your wellness goals? _____

What do you feel you need to start doing to reach your wellness goals? _____

Yes, I'd like to learn more about achieving my wellness goals with Creating Wellness!



There are three phases to getting started with Creating Wellness: the physical assessment, the lifestyle questionnaire and the report of findings.

Step 1: Set your Physical Assessment appointment at the front desk or call 559-6818

Step 2: The day before your Physical Assessment appointment set up an online Creating Wellness account and complete the Lifestyle Questionnaire. To do this please follow the instructions below.

1. Go to www.creatingwellness.com
2. Click on "**Wellness Member Login**" located in the upper right section of site.
3. Click on "**Create Account**".
4. Type in your information and use the Access Code **53920392**.
5. Create **your own** user name and password.
6. You'll receive a notification email asking you to activate your account, **click on the link**. (If you don't receive this within a short time, check your spam or junk mail as it may have landed there.)
7. After activation, click on **Lifestyle Questionnaire** and complete. When finished be sure to **submit**. If you do not do the questionnaire immediately after creating your account, go to **Step 8**.
8. When you first "log back" into **My Creating Wellness Space** (if you are going to take the Lifestyle Questionnaire), the first item to appear on the page will be the **Creating Wellness** profile. This is a short 12 question profile that will allow you to access the meal and fitness plan.
9. **Then** go to **Snapshot>Lifestyle Questionnaire**. Fill out your questionnaire and be sure to **submit**.

Step 3: Come to your Physical Assessment appointment on _____ at _____ am/pm

Please contact me if you have any questions.

Yours in health,

Terri Brennan/Mark Sargent

Creating Wellness Coaches

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