

Healing With Me

Personal Questionnaire

Name: _____

Date of Birth (mm/dd/yyyy): ___ / ___ / _____ Place of Birth: _____

Relationship Status (check one): _____ Single _____ Married _____ Divorced _____ Widowed

Children (check one): _____ Yes _____ No

If so, how many? (list ages) _____

Occupation: _____

Hobbies: _____

Have you suffered from anxiety or depression? (check one) _____ Yes _____ No

Have you ever practiced yoga? (check one) _____ Yes _____ No

Have you ever practiced meditation? (check one) _____ Yes _____ No

What is your daily diet like? _____

When did you receive your last physical? _____

Do you have a daily routine of self care? If so, explain: _____

What is your definition of spirituality? _____

Do you have any fears? If so, explain: _____

Explain your favorite childhood memory: _____

Explain your worst childhood memory: _____

Additional Information: _____