



NORTHERN VIRGINIA
INTEGRATIVE THERAPY CENTER
Connecting, Healing, Transforming Lives

WELLNESS INTAKE QUESTIONNAIRE

Name _____ Date _____

Address _____

Best Contact Phone _____ Alternative Phone _____

Email Address _____ Age _____

Profession _____ Marital Status _____

Emergency Contact _____

Physician Name & Phone _____

Reason for Coming

Please state your reason for seeking wellness counseling or coaching.

General Health Information

Do you feel you are in _____ general health condition?

Poor Satisfactory Very Good Excellent

When was your last physical? Is there any relevant information to report concerning your health? Any chronic illnesses, conditions or diseases?

Do you have any medical diagnosis? Please list.

Please list any medications you take on a regular basis? _____

Please list any supplements you take on a regular basis. _____

How long have you been concerned about your health issue? Have you tried anything in the past that was helpful?

Research shows that there is a link between chronic illness and trauma. Did you experience any traumatic incidents, life events in your childhood? Kindly explain.

Are there any other health concerns you have that you would like me to be aware of?

Your Health Habits

Do you exercise regularly? _____
If yes, what do you do and how often?

Do you eat healthy nutritional food and on a regular eating schedule? Please explain. _____

Do you smoke? _____ Do you drink alcohol? If yes, how often and preference of drink? _____
Do you engage in recreational drugs and if yes, drug of choice and how often?

Do you engage regularly in any contemplative exercises? (meditation, mindfulness, yoga, etc.) and if yes, please explain.

What is/are your wellness goals: (limit to 1 – 3)

How committed are you to making changes in order to reach your goal(s)?

Do you have positive support in your life to help you meet your goals? _____

What do you believe is your biggest obstacle in successfully attaining your goal?

How will you or your life be different if you successfully meet your goal?

Suzanne Nixon, EdD, LPC, LMFT is a professionally trained Integrative Health Coach from Duke University’s Integrative Medicine Center, Wellness Educator and Specialist in Holistic Health. She is a licensed professional counselor and marriage and family therapist, and is not a medical doctor. Information and knowledge shared is not to be mistaken for medical advice. If you have health conditions/concerns prior to starting this program, it is strongly recommended you discuss this with your physician.

Name _____

Signature _____

Date _____

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