



CLIENT QUESTIONNAIRE

FULL MOT: £69

BASIC TEST: £39

(PLEASE TICK WHICH TEST)

Contact Information

| | | | |
|------------|----------------------|-----------|----------------------|
| Forename: | <input type="text"/> | Surname: | <input type="text"/> |
| Email: | <input type="text"/> | | |
| Mobile: | <input type="text"/> | Landline: | <input type="text"/> |
| Address: | <input type="text"/> | | |
| County: | <input type="text"/> | | |
| Post code: | <input type="text"/> | | |
| DOB: | <input type="text"/> | Sex: | <input type="text"/> |

Medical Information

Reason for wanting an Asyra session with Well-Being Health:

Medical history:

Operations:

Long term illness:



Medications:

Supplementation:

Other information - Please advise if you have any Digestion, Bowel, Hormones, Pregnancies etc issues:

Lifestyle Information:

Energy Levels - Please advise Low to High:

Sleep Patterns - Please advise good or bad and approximately how many hours per night:

Food & Drinks - Please advise how much you consume on a daily basis:

Water: Caffeine:

Alcohol:

Smoking - Please advise how much per day/week:

Exercise - Please advise how much per day/week:

Please return your completed form and your hair sample to:

WELL-BEING HEALTH, PO BOX 188, CARMARTHEN SA31 9EX

www.wellbeinghealth.co.uk | 01267 202 736 | 07803 044 855

