



CLIENT QUESTIONNAIRE

FULL MOT: £85

BASIC TEST: £55

(PLEASE TICK WHICH TEST)

Contact Information

Forename:

Surname:

Email:

Mobile:

Landline:

Address:

County:

Post code:

DOB:

Sex:

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 C/O AARDVARK ALTERNATIVES
6 LAMMAS STREET, CARMARTHEN SA31 3AD**