



# CLIENT QUESTIONNAIRE

☐ **FULL MOT: £85**

☐ **BASIC TEST: £55**

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

[www.wellbeinghealth.co.uk](http://www.wellbeinghealth.co.uk) | 01267 202 736 | 07803 044 855