



ANASUYA BASIL, NC, DIPL. ABT, CST

Make friends with your body for life

Personal Health Assessment

Time Estimate: 10 minutes. Please fill out on your computer and email it to me in time for our appointment so that I can better understand your health situation before we meet.

Name:

Date:

What are your main health concerns?

How would you like to benefit from wellness counseling with Anasuya?

Rate each of the following symptoms based upon your typical health : Place a number in front of each symptom

Point Scale

0 = Never

1 = Occasionally experience, ie: 1-2x / month or doesn't bother me

2 – Sometimes experience, ie: 1-2x/ week or it somewhat bothers me

3 = Frequently experience, ie: more than 2x/ a week or it bothers me quite a bit

4 = Frequency and/or severity bothers me enormously

Energy/Activity

Easily fatigued

lack of endurance

Headaches

Faintness

Dizziness

Insomnia

Subtotal

Emotional/Mental

Mood swings

Anger or irritability

Depression

Poor memory

Poor concentration

Stuttering or stammering

Slurred speech

Learning disabilities

Subtotal

Email: Anasuya@mybodywisdom.net

Land: 530-343-2796 Cell: 510-848-8439

Mail: POB 609, Forest Ranch, CA 95942

Joints/Muscles/Skin

Pain or aches in joints
Pain or aches in muscles
Feeling of weakness or tiredness
Cramps in legs
Acne
Hair loss
Decreased sweating
Night sweats
Subtotal

Ears/Mouth/Throat/Nose/Eyes

Itchy ears
Drainage from ear Stuffy nose Sinus problems
Sneezing attacks
Watery or itchy eyes
Bags or dark circles under eyes
Chronic coughing
Canker sores
Subtotal

Digestive Tract

Diarrhea
Constipation
Loose stools
Bloating feeling
Heartburn
Burping or gas
Pressure in stomach after eating
Pain or cramping associated with digestion
Subtotal

Heart/Lungs

Irregular or skipped heartbeat
Rapid or pounding heartbeat
Chest pain
Chest congestion
Shortness of breath
Subtotal

Weight/Other

Binge eating/drinking
Cravings for sweets
Cravings for salty foods
Cravings for fatty foods
Weight loss followed by rapid weight gain
Water retention
Underweight
Frequent illness
Subtotal

Men Only

Getting up at night to urinate

Urinating 2 hours or less after last void
Urgent urination
Starting and stopping when urinating
Erection less easy to maintain than in the past
Breast tissue tender
Libido less strong than in the past
Heat surges
Sudden sweats
Subtotal

Women Only

Menstrual pain
Irregular menses
Heavy or clotted menstruation
PMS
Breast tenderness or cystic breasts
Hot flashes
Night sweats
Loss of libido
Frequent urination
Subtotal

TOTAL POINTS

Personal Information

Mailing Address:
Cell/Land/Work Phone#s:
Which is best phone to reach you at?
Age:
Weight:
Height:

Medications: *(include name/brand, dosage, comments)*

Supplements: *(include name/brand, dosage, comments)*