



LIFESTYLE ASSESSMENT FORM

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Home) _____ (Bus) _____ (Cell) _____

Email: _____

Would you like to receive our newsletter by email? Yes

Male Female Age: _____ Date of Birth: _____

Marital Status: _____ Number of Children: _____

Occupation: _____ Employed by: _____

Emergency Contact: _____ Phone: _____ Relation: _____

What is your reason for coming today? _____

HEALTH CONCERNS

Please, list your health concerns in order of importance.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Have you experienced any trauma in the last 5 years? Please explain:

Stress

What level of stress do you feel you are experiencing at this time? Please quantify on a scale of 1 (low) to 10 (high): 1 2 3 4 5 6 7 8 9 10

What are the major causes or factors of your stress? Rate all that apply on a scale of] (low) to 10 (high):

Financial __ Career __ Personal __ Marriage __ Health __ Family __ Spiritual __
Unfulfilled expectations __ Other: _____

How does your stress manifest itself? _____

Do you use any coping mechanisms? _____

What do you do for exercise? (Indicate type, frequency, time of day and duration)

Energy

On a scale of 1 (low) to 10 (high), how would you describe your energy levels?

Do you experience any lulls or highs in your energy levels throughout the day? If so, at what time of day? _____

How many hours on average do you sleep daily? (Include naps) _____

What time do you go to sleep? _____ Awaken? _____

Do you have trouble falling asleep? Yes No Staying Asleep? Yes No

Do you awaken feeling rested? Yes No Do you snore? Yes No

Occupation

Do you enjoy your work? Yes No Sometimes

What time do you start and finish work? Start: _____ Finish: _____

Do you work shift work or are you on a regular schedule?_____

In a few words, describe the dominant change you want to make in your life:

I, (print name)_____ understand that the BodyTalk session provided by Sandra Lizotte, CBP, is intended to educate me to possible energetic blocks that I may be experiencing. I understand that BodyTalk is non-invasive and safe. It utilizes my body’s own innate intelligence to re-establish communication within itself. I understand that BodyTalk is not a substitute for medical treatment or medications. I am aware that Sandra Lizotte, CBP, does not diagnose illness or disease, nor prescribe medications or herbal remedies.

Confidentiality

I understand that confidentiality regarding my personal information and information discussed in my session(s) will be honored between Sandra Lizotte and myself. I understand that a record will be kept of the services provided to me. I understand my information is protected under the Personal Information & Protections Act and that this record will be kept confidential. I understand that my record will not be released to others unless so directed by myself or when law requires it.

Date: _____

Signature: _____