

Comprehensive Client Health and Wellness Assessment

Instructions: Please fill out this assessment completely. This form is designed for clinical and wellness print records.

1. General Client Information

Full Name:

Date of Birth:

Gender Identity:

Phone Number:

Email Address:

Occupation:

Emergency Contact Name & Relationship:

Emergency Contact Phone:

2. Medical and Health History

Primary Care Physician Name:

Date of Last Physical Exam:

List any diagnosed medical conditions (e.g., diabetes, hypertension):

Past surgeries and approximate dates:

Current medications and dosages:

Current vitamins, herbs, or supplements:

Known allergies (food, drug, environmental):

3. Lifestyle and Wellness Profile

Average hours of sleep per night:

Rate your sleep quality (e.g., Poor, Fair, Good, Excellent):

Describe your typical daily diet/eating pattern:

Daily water intake (in ounces or cups):

Current physical activity / exercise routine (type, frequency):

Current stress level (e.g., Low, Medium, High):

Primary methods used to cope with stress:

Tobacco, alcohol, or caffeine consumption habits:

4. Goals and Intentions

What are your primary health and wellness goals?

What do you feel is the biggest obstacle to achieving these goals?

Describe your current support system (family, friends, groups):

Any additional information you would like to share:

5. Administrative Use Only

Assessor Name:

Date of Assessment:

Recommended Next Steps / Action Plan: