



GETTING WELLER

In order for us to create a "game plan" for you to live life on your terms, its imperative that we get to know you on many different levels to help you overcome what is either holding you back or keeping you from being healthy. Most doctors ask questions based on your symptom(s) or pain opposed to understanding all aspects of your life. More importantly, the "why" of what is causing you to be in your current situation. At Getting Weller, we want to know you in ways that most physicians do not. Some of the questions within this health history questionnaire are very personal and your privacy will be held to the highest of standards.

Our goal is to offer you a new lease on life by ensuring that your nerve system (your body), your thoughts (your mind) and your diet are all working together harmoniously. We believe that when you decide to make you a priority, you begin to live a life filled with purpose and are able to take care of those that you love.

Get ready to Get Weller and live your best life possible!

Name: _____ Date: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell: (____) _____ Cell Phone Carrier: AT&T Sprint Verizon T-Mobile

DOB: ____ / ____ / ____ Age: _____ S.S.# ____ - ____ - ____

Marital Status: M - S - D - W Spouse's name: _____

of Children: _____ Children's Name(s): _____

Who referred you or how did you hear about us? _____

What do you know about us: _____

Email: _____ @ _____

Occupation: _____ Years on the job: _____

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Initials: _____

Take your time. Seriously, you will only have to fill this out once.

Please **check** the all of the professionals seen (past & present):

Medical Doctor Chiropractor Osteopath Physical Therapist Psychologist
Counselor Other: _____

Please describe your major health issues/concerns that brings you to Getting Weller:

Please list all of the medications / prescriptions you are currently taking:

What supplements are you currently taking? _____

List all of your surgeries and their dates:

When was the last time you recall falling or hitting your head?

When was the last time you were in a car accident (please list all dates):

What are some of the things your health or condition is keeping you from doing?

Have you ever broken a bone? Which one(s): _____

Have you ever passed out (fainted) or been knocked unconscious? If so, how and when: _____

Have you ever experienced a sports accident / injury? If so, when:



Exercise Lifestyle

- I exercise _____ days a week. If so, describe? _____
- I routinely engage in healthy stress-relieving techniques
- I enjoy (yoga, aerobics, weight lifting, walking) types of exercising. (please circle)
- I physically feel good

Dietary Lifestyle

- I drink _____ oz / cups of water a day.
- I take daily vitamins or some other supplement(s).
- I eat fast food _____ days a week
- I eat pasta and/or bread more than twice a week
- I have a gluten sensitivity issue
- I have a dairy sensitivity issue
- I cook for my family
- I am currently using artificial sweeteners
- I am sensitive to artificial coloring in food
- I chew gum - what type? _____
- I need suggestions on healthy eating
- I crave sweets
- I consume caffeinated beverages - _____ days a week
- I use the microwave
- I drink diet soda
- I believe in organic / natural foods
- I consume energy drinks - _____ days a week
- I consume alcoholic beverages - _____ days a week

Keep going! You are doing great!



Hygiene Lifestyle

- I use fluoride-free toothpaste
- I use aluminum-free deodorant
- I use organic shampoo
- I have mercury (amalgam) tooth fillings
- I wash my bedsheets at least once a week
- I go to bed with dishes in the sink
- I use natural shaving cream and lotion

Emotional Life

- I am able to stay open-minded when my thoughts or ideas are challenged
- I do not share my feelings
- I have a difficult time making decisions
- I am uncomfortable when others share their emotions with me
- I am not emotionally mature
- I do not set up healthy emotional boundaries with others
- I am a people pleaser
- I harbor anger toward someone / people in my life
- I am afraid to cry
- I get angry easily
- I have past emotional hurts that need addressed
- I feel stressed
- I am fearful of sharing my emotional hurts such as fear, guilt, anger, shame or loneliness
- I have attempted or thought about suicide
- I over analyze everything
- I have guilt of hurting other people
- I have thoughts or have attempted to hurt or kill myself or others
- I turn to (drugs, alcohol or cigarettes) when stressed
- I have you used drugs in the past
- I am holding a grudge against someone
- I suffer from depression
- I have anxiety
- I am sad or cry frequently
- I attract drama / conflict in my life



Parenting

My spouse and I are not on the same page
Family communication is lacking
Kids don't cooperate
Kids bicker often
We set time for family fun
School is not a success
My kid(s) need manners
I have a blended family
Extended family relationship issues
Family living with you
Parenting teens with behavioral issues
We can not fit God into our lives during the week
Yelling & screaming occurs frequently
Lack of team work
Lack of motivation
Broken promises to my children(Parents)
Lack of money
Not able to get everyone to the dinner table
I bring my work life home
I tend to "snap" at my children
Feel pressured from others about how I parent
Resentment for my spouse or kids
Feeling as if I am not the best (parent/spouse) I can be
Loneliness and not being able to express openly with my spouse
Fear of nagging (spouse /kids)
Shame or guilt
I shelter my kids
My spouse and I are not on the same page regarding discipline
My kids are involved in more than one sport and I feel overwhelmed
I do not get along with all my children
Worried about one or all my children



Marital Life

I am in the middle of a divorce
I hate my marriage
We have become roommates
We have great communication skills
My spouse has cheated on me
I have cheated on my spouse
My spouse does not help me around the house
We have regular date nights
I do not know what my spouse needs from me
My marriage needs help
We value and respect one another
My spouse has addiction and can't cope with life
We fight often
We fight in front of the kids
We have intimacy issues

Financial Life

Paying bills is not my strongest point
I do not know how to budget
The topic of money triggers arguments at home
I have credit issues
No system for bills
I like to invest

Serving / Volunteering

I serve or volunteer
I am volunteering because of guilt or inability to say "no"
I have no time to serve / volunteer
I am not sure where my gifts will be valued
My gifts / passion makes me want to serve



Career /

Job

- I am unhappy / frustrated with my job
- I have communication issues with my co-workers
- I work 40+ hours a week
- I have a hard time finding time for my family
- I feel guilt or stressed about the amount of time I put into my job
- People at work take advantage of me
- My family understands what I do
- My family doesn't like my career choice
- I am exhausted when I get home from work
- I want more out of my work life
- I would be interested in having a coach or mentor

Entrepreneurs (if applicable)

- I manage my team and do it effectively
- I have communication issues with my team
- I have been told that I am difficult to work with
- I work too many hours a week
- I have a difficult time balancing my home / work life
- I do not manage my stress well
- I take my work home
- My spouse doesn't support me
- I am meeting my goals
- I have a vision
- I am generating the income I thought I would
- I am living according to other's expectations
- I am frustrated (sometimes angry) because I am not where I want to be
- I understand the importance of personal growth
- I utilize business a business coach currently
- I feel like I am running my business alone
- I know my strengths and use them
- I am the "go to person" in the business
- My support system (team) is incredible



Spiritual Life

I believe in God

I do not believe in God

I see that God is changing me

I consider myself a spiritual person

I have a hunger for spiritual growth

I practice unconditional love

I know what will happen to me when I die

I practice forgiveness; there is no one in my life that I haven't forgiven

I feel there is so much more for me to learn about God

I have found spiritual peace

I pray daily

I meditate frequently

Mental Health

I consistently look to expand my mind so I can learn other view points on subjects

I read one book every 1-2 months

I routinely seek out books, speakers or people in general who are encouraging

I actively listen podcasts or audiobooks

I debate subjects, without arguing, in a respectful way

I know my personality style (DISC or Strengths)

I know my values

I know my purpose

I know my vision and mission in life

I love my career or job

I know my strengths and use them well

You're almost done...



Past Hurts / Traumas

Sexual abuse
Mental or emotional abuse from a relationships or parents
Spiritual abuse
Adultery
Childhood issues
Loss of child
Loss of family
Loss of friend

My Home is...

Unorganized
Stressful
Chaotic
Welcoming
Cozy

Sleep Lifestyle

How many pillows do you sleep with? _____ Is your bed: Soft Medium Firm

What position do you sleep in? (please check) R/L side stomach back all

Do you sleep with a cervical / contour pillow? Yes No

How many hours do you sleep a night? _____

Do you wake rested? Yes No

How long does it typically take you to fall asleep? _____



Help Us Get To Know You...

I like who I am

I love my career / job

I enjoy going out to dinner

I am an Introvert or Extrovert (please check)

While answering these questions, I feel... (please check): annoyed anxiety
nervous no big deal curious frustrated other: _____

Do you smoke? Yes No if Yes, do you want to quit? Yes No

What is the most stressful part of your life? Home Work Health Friends

Do you feel that you have depression or have anxiety? Yes No

When was the last time you took a vacation? _____ Where did you go? _____

Would you like for us to pray with you? Yes No

Do you want to make a lifestyle change? Yes No

What do you want out of life? _____

Do you have any hobbies? Yes No If Yes, what are they? _____

Do you have any pets? If so, what kind? _____

Are you interested in changing your diet? Yes No

How many bowel movements do you have a day? 1 2 3+ Every other day Every __ days

Do you ever "pop" or "crack" your neck or back? Yes No

Do (or did) you get along with your parents? Yes No

What is the best part of your life? _____

What do you fear most about your life? _____



What would you like your life to look like 1 year from now?

If you do nothing about your current health (physical or emotional) situation, what do you see your life looking like in 6 months to a year? _____

If people were to talk about you, what would they say?

Are you in love? Yes No Not Sure

If you were granted one wish, what would YOU WANT it to be and why?

If you were to die today, what would you be known for?

What do you want to achieve (your #1 priority) in the next 90 days?

Congratulations!
Your life is about to Get Weller!

