

Name:

Email:

Diet:

Daily diet regime, restrictions, and allergies. There are no right answers here! Write a normal day of eating including times.

Breakfast:

Snack:

Lunch:

Snack:

Dinner:

Snack:

How many ounces of water? When?

Caffeine?

Alcohol? What kind?

Cycle:

Length, texture, color, clotting, of menstruation, and how many days in between your cycle? Do you suffer from PMS (cramps, bloating, irritability, tender breast)? Do you menstruate every month? Do you use and form of birth control?

Sleep:

Describe your sleep habits: What time do you go to sleep and wake up? Do you wake up in the night? Sweat? Do you have a lot of energy before bed? Describe your sleep hygiene: TV in the room? Do you get up to pee? Is there a pet sleeping with you? Any light in your room?

Complexion:

Do you suffer from breakouts or acne? If so, where on the face and how often? Any other skin issues. If so, what and where?

Supplements:

Supplements you take (herbs, vitamins, superfoods, medications; etc)?

Constitution:

Tell me a bit about your personal constitution. Thyroid & adrenal functions? Sleeping habits? Hormones? Energy and happiness levels? Candida? Anything that comes to mind.

Groceries:

Where do you currently shop for groceries? What does a normal shopping bounty look like for you?

Thrive:

Describe some general health goals you're focusing on or health blocks you'd like to remove.

Bowel Movements: *

How often do you have them? What time(s) of the day? What consistency, color, length?

Lifestyle:

Spiritual and lifestyle goals you are looking to get clear about and cultivate.