

MEDICAL QIGONG THERAPY - CONFIDENTIAL QUESTIONNAIRE

Client Name:

Date:

DOB:

Address:

Zip:

Phone:

Email:

Skype:

If you could name your inner, “heart’s desire” for what you want as the outcome of our healing work together, what would you say:

Please list your health concerns. Assign a subjective value to the issue, on a scale of 1 to 10 where 1 = lowest suffering, 10 = most suffering. For example: “insomnia 7” represents a worse condition with less sleep, while “insomnia 2” is an improved condition with more sleep.

1

2

3

4

5

6

7

8

Please circle the following emotions that are/were strong for you. Also circle when they are/were present. This is helpful for the session.

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<b>Fear</b>	childhood	past	present
<b>Loneliness</b>	childhood	past	present
<b>Anger</b>	childhood	past	present
<b>Rage</b>	childhood	past	present
<b>Resentment</b>	childhood	past	present
<b>Frustration</b>	childhood	past	present
<b>Irritation</b>	childhood	past	present
<b>Jealousy</b>	childhood	past	present
<b>Competitiveness</b>	childhood	past	present
<b>Anxiety</b>	childhood	past	present
<b>Nervousness</b>	childhood	past	present
<b>Blockages to joy</b>	childhood	past	present
<b>Worry</b>	childhood	past	present
<b>Obsessiveness</b>	childhood	past	present
<b>Self-doubt</b>	childhood	past	present
<b>Grief</b>	childhood	past	present
<b>Abandonment</b>	childhood	past	present
<b>Shame</b>	childhood	past	present

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My experience with qigong is: extensive moderate slight nil

Experience with acupuncture or energetic healing is:

extensive moderate slight nil

Do you feel supported in relationship? Yes No

Who do you feel supported by?

How could you feel more supported?

My body tends to feel: hot cold

Women please circle below and describe your situation verbally, as needed.

pregnant menstruating peri-menopausal menopausal

Men please circle your prostate condition:

good/normal needs treatment/care under a doctor's care

I exercise: daily 1 - 2 X per week or more rarely never

My sleep is: good could improve poor chronically poor

My dreams: I remember them rarely have them

I meditate: daily 1 - 2 X per week rarely never

I describe my spirituality as:

Martial Arts practice: currently in the past never

My appetite is: good average poor

My stool usually is: medium hard soft

I eat sugar/desserts: 2-3 X or more daily daily 1-2 X/week rarely

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Relationship to gluten:    avoid it / allergic    it's a challenge    seems fine

Tobacco:                    currently                    in the past                    have lung damage

Coffee:                    never                    once per day                    often

Alcohol:    never    2-3 X/week    1-3X/day    I have a problem w/ alcohol

Cannabis:                    never                    2-3 X /week    often    I have a problem w/ pot

Food quantities:    moderate    eat for comfort    under nourished    overeat

My bloodpressure:            normal            hypertension            hypotension

Cysts and tumors:

Cancer diagnosis:

I'm allergic to:

I tend towards:            exhaustion            mood swings            feeling isolated/alone

                  reactive/touchy            pushing myself            heroic            victim            need for control

I'm under a doctor or psychiatrist's care for:

Have you ever been diagnosed with mental illness?    Yes    No

                  When?

                  The diagnosis was:

Other comments or concerns: