

Initial Wellness Assessment

1. Do you have a history of, or current mental health diagnosis (depression, anxiety, OCD, PTSD)? If yes, please specify diagnoses.
2. Do you have a history of an eating disorder or are you actively struggling with an eating disorder?
3. Do you experience any digestive discomfort?
4. Are your bowel movements regular/formed?
5. How often is your period, if applicable?
6. Have you had any pain or injuries; if yes, please explain.
7. Have you been to PT in the last 2 years?
8. Are you currently on a diet?
9. Approximately how many times have you tried dieting in the past?
10. How many meals/snacks do you eat per day?
11. Are there any foods you avoid eating and why?
12. How would you describe your relationship with food, both past and present?
13. How often do you weigh yourself?
14. Are you happy with your weight?
15. Are you currently participating in an exercise or physical activity program? Elaborate on time spent, frequency, type of activity, and intensity.
16. How would you describe your relationship with your body both past and present?
17. What are your short/long term goals?