

WHOLE PERSON HEALING HEALTH QUESTIONNAIRE

Name: _____ Email Address: _____

Date of Birth: _____ Age: _____

Circle All That Apply: Pregnant/Menstruating /Menopausal/On Birth Control/
Hysterectomy/Perimenopausal/ On Hormone Replacement Therapy/Breast feeding Currently

Date of Last Menstrual Period if known: _____

Length of Menses Cycle: (circle)28 days/more than 28/less than 28/irregular not sure/not having a cycle

How many days do you bleed: _____ Do you have clots: Y/N What color are they: _____

Do you know approximately on what day you ovulate? If yes, what day: _____

Please answer the following questions as they apply to you that you are experiencing that describe your health in the last 3-6 months

SECTION 1: MORNING ENERGY

	Always	Sometimes	Never
I sleep well.			
I need caffeine in the A.M. to get going.			
I need an alarm to wake up.			
I feel groggy and tired in the A.M.			
I feel overwhelmed with my day before it starts.			
I have pain in my neck, back or spine.			
I have dark circles under my eyes.			
My eyes are puffy when I wake up.			
My skin is oily or prone to breakouts.			
I eat breakfast.			
I have an appetite in the morning.			
I feel scattered and in a rush in the morning.			
TOTALS (ADD EACH COLUMN)			

SECTION 2: AFTERNOON ENERGY

	Always	Sometimes	Never
I feel tired after lunch and want a nap.			
I have trouble being motivated between 3-5pm.			
I feel tense in my body and heavy in the afternoon.			
I need caffeine in the afternoon or sugar to pep up.			
I have a lot to do between 3-5 pm for my kids, work or family, job, school etc.			
I hit a wall after lunch and can't think straight.			
I hit a wall at 5-6pm when I feel I have the most to do.			
I am irritable and short-tempered.			
I allow myself to rest in the afternoon.			
TOTALS (ADD EACH COLUMN)			

SECTION 3: EVENING & SLEEP

	Always	Sometimes	Never
I have more energy and clarity in the evening.			
I need alcohol to relax in the evening.			
I have trouble falling asleep.			
I have trouble staying asleep.			
I wake to urinate 1 or more times during the night.			
I toss and turn and am hot/cold at night.			
I remember my dreams vividly.			
My dreams are full of stress.			
I have difficulty relaxing in general.			
I am tired but once in bed I can't turn off my thoughts.			
I take prescription medicine to sleep.			
TOTALS (ADD EACH COLUMN)			

SECTION 4: EMOTIONS

	Always	Sometimes	Never
I have a major emotional conflict in my life.			
I have a person or situation that is challenging in my life.			
People around me are fighting and arguing and I feel I have to be the peacemaker.			
I am in an abusive, unfulfilling, toxic, co-dependent relationship.			
I have mood swings, depression, panic attacks, or anxiety.			
I cannot seem to let go of the past in general, a specific event or person.			
I feel out of balance with my heart or destiny direction.			
Recently I have undergone surgery/injury/trauma or a stressful event and have not felt the same since.			
I have recently had baby, purchased a new home purchase or got married.			
I am critical of myself and others.			
I am feeling trapped in my life.			
I have recently had a death, break up or job change or other major loss.			
TOTALS (ADD EACH COLUMN)			

SECTION 5: WATER ELEMENT

	Always	Sometimes	Never
I suspect I have a hormonal issue.			
I have belly fat and can't seem to get rid of it with diet or exercise.			
I am stressed easily and have high anxiety.			
I get sick or catch colds easily.			
I have dark circles under my eyes.			
I have a lot of joint pain or swelling in my body.			
I have high blood pressure.			
I find it difficult to relax.			
I have tense muscles.			
I have a lot of fear.			
I feel like I cannot take a deep breath.			
TOTALS (ADD EACH COLUMN)			

SECTION 6: FIRE ELEMENT

	Always	Sometimes	Never
I feel tired.			
My hair is thinning out or falling out.			
I take thyroid medication such as Levothyroxine, Armour Thyroid or Synthroid etc.			
I feel like there is not enough time in the day.			
I get cold easily.			
I get hot easily.			
I have constipation and slow digestion.			
I have saggy skin on the back of my arms.			
I tend to get cysts on my body, face or ovaries.			
I feel brain fog and cloudy, fuzzy in my thinking.			
I am very forgetful.			
It is difficult to loose weight even if I diet or exercise.			
I have PCO's, infertility or other reproductive issues.			
I have recently been diagnosed in with a hypothyroid, Hashimoto's, Hyperthyroidism or Autoimmune thyroiditis			
I have difficulty speaking my truth.			
TOTALS (ADD EACH COLUMN)			

SECTION 7: YIN

	Always	Sometimes	Never
I have dry skin, eyes, and fluids.			
I have grey hair.			
I have hot flashes.			
I have been on birth control pills, the depo shot or Nuva ring.			
I feel like I am prematurely aging.			
My skin is thinning or delicate or bruising easily.			
I feel in touch with my feminine energy and creativity.			
I have fibroid cysts.			
My bleeding phase of menses is more than 5 days.			
I am on HRT, bio-identical hormones.			
I am aware of when I ovulate and often have cervical mucus.			
TOTALS (ADD EACH COLUMN)			

SECTION 8: PROGESTATION

	Always	Sometimes	Never
I have noticeable PMS.			
My breasts are sore before my cycle.			
My skin is prone to breakouts before my cycle.			
I am depressed, angry or irritable, before my period.			
I have had a baby in the last 2 years.			
I have taken the morning after pill.			
I have had issues with fertility or have miscarried.			
I am peri-menopausal.			
I have a regular menstrual cycle.			
TOTALS (ADD EACH COLUMN)			

SECTION 9: YANG

	Always	Sometimes	Never
I have dark or coarse facial hair.			
I have cystic acne or bad skin on my jawline, neck, and/or back.			
I feel like I am more masculine than I want, desire or I can be because of the demands in my life.			
I have a low sex drive.			
I have a high sex drive .			
I have been diagnosed with PCOS, ovarian cysts.			
TOTALS (ADD EACH COLUMN)			

SECTION 10: WOOD ELEMENT

	Always	Sometimes	Never
I have chronic health issues.			
I have digestive issues or bloating.			
I have taken a lot of medication, western prescriptions for short term use or long term treatment.			
I have seasonal allergies.			
I think or know I have food allergies.			
I am sensitive to chemicals smells or toxins.			
I have high cholesterol or triglycerides, fatty liver.			
I feel down, depressed and lack direction.			
I can be indecisive.			
I get frustrated and/or angry easily.			
I have a gallbladder issue.			
I have a lot of tension in my upper back, neck and shoulders.			
I have migraines, headaches frequently.			
I have been diagnosed w depression, anxiety, Bi-Polar.			
I have been diagnosed with fibromyalgia or chronic pain syndrome, trigger points, Sjogrens, Lupus or an Autoimmune disorder.			
TOTALS (ADD EACH COLUMN)			

SECTION 11: EARTH ELEMENT

	Always	Sometimes	Never
I have bloating, gas, and diarrhea.			
I have eczema, psoriasis or other skin issue.			
I am sensitive to gluten.			
I feel itchy frequently.			
I feel worse after I exercise and very tired.			
I feel nauseous a lot.			
I feel heavy in my body and have edema.			
I regularly sweat weekly.			
I have enlarged glands.			
I have to watch what I eat as it causes stomach pain.			
I can only eat certain things or I will feel poorly.			
I have indigestion, reflux, and nausea.			
I have a lot of phlegm or sinus issues.			
I have cellulite on my body.			
I get yeast infections, UTI'S.			
TOTALS (ADD EACH COLUMN)			

SECTION 12: METAL ELEMENT**SECTION 13: EXTERNAL INVASION**

	Always	Sometimes	Never
I have lived/worked around mold and haven't felt good since.			
I have breast implants: saline or silicone.			
I have poor vision that seems to be getting worse.			
I am forgetful.			
I receive vaccines yearly.			
I have ringing in my ears.			
I work with chemicals, paint, pesticides, fertilizer, etc.			
I spend time in a pool or hot tub treated with chlorine.			
I have mercury amalgam fillings.			
I drink wine, diet soda.			
I drink tap water, well water or filtered water from the refrigerator.			
I drink out of aluminum cans.			
TOTALS (ADD EACH COLUMN)			

SECTION 14: INTERNAL INVASION

	Always	Sometimes	Never
I have been to a doctor/doctors and they can't find anything wrong with me.			
I work with chemicals, pesticides or paint/toxins.			
I color my hair.			
I eat GMO foods.			
I think I have Lyme disease.			
I feel my health is a mystery			
I am going from one doctor to the next and one diagnostic test to the next.			
I have been exposed to mold or suspect I have mold in my home or workplace.			
I was bitten by a tick.			
TOTALS (ADD EACH COLUMN)			

Please indicate any other significant health symptoms you feel was not asked on this questionnaire or indicate briefly any recent diagnostic testing that has been done that may be applicable to this information:

Whole Person Healing
 Dr. Deanine Picciano AP, LMT
 1435 S Osprey Ave Suite 200 Sarasota, FL USA 34239
info@drdeanine.com
www.drdeanine.com
 941-726-2345