Please Print for Your Personal Use

Name _____ Date _____

TOP 5 HEALTH NEEDS LIST:

- Please list your primary health needs below by putting the most pressing health need first. (some examples are: lack of energy, aching all over, headache, bowel irregularity, inability to concentrate, etc.)
- Quantitate the severity of your need by circling the appropriate health range number.
- For example, if your most pressing need is tiredness and you are so tired that you can't get out of bed in the morning, you would be a 0, whereas, if you can bounce out of bed full of pep and energy you would circle a 10."

HEALTH RANGE

	Unhealthy										Healthy
1. _____	0	1	2	3	4	5	6	7	8	9	10
2. _____	0	1	2	3	4	5	6	7	8	9	10
3. _____	0	1	2	3	4	5	6	7	8	9	10
4. _____	0	1	2	3	4	5	6	7	8	9	10
5. _____	0	1	2	3	4	5	6	7	8	9	10

Your Initial Health Quotient _____

Follow up Date:

Health Need #										
1.										
2.										
3.										
4.										
5.										
Health Quotient:										