

Imagine Health

HEALTHY SELF INVENTORY

Today's Date:

Name:

Date of Birth:

Age:

Address:

City:

State:

ZIP:

Telephone (home):

Telephone (work or cell):

Email Address:

Web Address:

This questionnaire will be used for the purpose of delving deeper into understanding the nature of your dis-ease, its impact on your life, and the ways in which you can be empowered to heal yourself. Your answers will help me to understand your strengths and challenges in order to assist you in creating a future of radiant, total health—mind, body, & spirit.

This questionnaire is CONFIDENTIAL, and kept in a safe and sacred space. It is read exclusively by Kristi Davis and Wendy Limber, MA, LMFT, RDT. By taking the time to answer these questions to the best of your ability, you have begun the rewarding process of taking responsibility for your health. Through this courageous step, you have initiated the possibility of using your dis-ease as a way to positively transform your life.

1. What caused you to seek counseling? What specific health issue(s) are you seeking help with?
2. Have you been diagnosed with a dis-ease? If so, what?
3. What are your current symptoms?
4. How much pain are you currently experiencing? How often are you in pain? How debilitating is the pain?
5. What is bothering you the most in relation to your dis-ease?
6. How do you cope and respond to pain and discomfort related to your dis-ease? Is that method working for you? Are you seeking alternative solutions?
7. What are your thoughts and feelings about your dis-ease?

8. Are you experiencing any anxiety, anger, frustration, depression, sadness, or guilt as a result of your dis-ease? If so, how much? Any other prominent feelings?

9. What do you do to cope with your feelings? Is that working for you?

10. How has your life changed as result of your dis-ease?

11. How have your feelings about yourself changed as a result of your dis-ease?

12. What is the history of your dis-ease? When was the first time you noticed symptoms? Can you think of warning signs even before that time that you were beginning to have a problem? What were the signs? How has your dis-ease gotten better or worse over time?

16. How have you been successful in dealing with your dis-ease?

17. In what areas do you feel you need help?

18. What are your greatest fears related to your health issue?

19. Has your dis-ease served you in any way?

20. Do you have people with whom you are able to be yourself and express your true feelings in regard to your health?

21. How do your feelings about your dis-ease affect how you relate to health care people? To your family and others?

22. Where do you turn for emotional and spiritual support? Where do you derive your strength during difficult times?

23. Do you have health care providers, doctors and other professionals who make you feel cared for and will satisfactorily answer your questions and meet your needs? How do you feel about your health care providers? Is there anything you wish they could provide that they are not?

24. Do you have a course of treatment for your dis-ease? If so, what is it and how do you feel about it?

25. What are the major stressors in your life? How do you cope with them?

26. What do you do to relax?

27. What do you do for fun?

28. Are you experiencing concern over the financial resources necessary for dealing with your dis-ease?

29. What is your feeling or understanding about the mind-body connection in relation to dis-ease?

30. How much control do you feel you have over your dis-ease? Do you place primary control of your health in the hands of your health care providers?

31. What do you believe about illness, injury, and death, in general?

32. How do you feel about your body?

33. How do you feel about yourself?

34. When do you feel the most negatively affected by your dis-ease? Under what circumstances? Around which people? What time of day? When are you in the most pain?

35. When do you notice moments of respite when you feel pretty good? When are you happiest? Most pain-free?

36. Is there a time in your life when you remember feeling very alive, vital, energetic, healthy, happy, passionate, and excited about life? When was that? What were you doing? Thinking? Who were you with? Where were you?

37. Do you feel hopeful that there is a solution to your physical challenge(s)?

38. Do you feel you have the innate power to help yourself heal? Do you feel that whatever knowledge, strength, and inspiration you currently lack you can find through the help of others?

39. Are you committed to healing your dis-ease through whatever means necessary? What may be stopping you from feeling totally committed?

40. What motivates you to heal this problem?

41. Has your dis-ease provided you with any insight? If so, what?

42. What does your intuition tell you about what has contributed to your dis-ease?

43. What are your expectations or hopes for healing?

44. What gives your life purpose and meaning?

45. Do believe that you are unique and are here for some higher purpose?

46. Is there anything in particular you would like to work on?

47. Do you have any physical limitations/disabilities that I should consider when planning class activities?

48. Anything else you'd like to add? (Feel free to use the back of this sheet.)

CONGRATULATIONS! You have taken another step on your healing journey.

Kristi Davis, RDT in training

Please sign and date: