## Food, Wellness and lifestyle landscape:

Diet: Breakfast has consistently been or typ Lunch: typically: Dinners: typically:	ically is:	
Snacks: Physical symptoms (what is your body sayi	ng to you?):	
1. BP: / wt: 2. Exercise type:	Frequency X per week	
<ul><li>3. Sleep: average hrs per night:</li><li>4. Stress: level: L M H Explain:</li></ul>		
Other Therapy (massage, chiropractic, natu 1. 2.	ropathic, acupuncture, previous psychotherapy,	, etc):
Medications: 1. 2.		
<ul><li>3.</li><li>4. Supplements (if applicable):</li></ul>		
Relationship Status: married, committed	partner, lover, n/a at this time:	
What do you think is going on?		
What scares you?		
What comforts you?		
How open are you to exploring yourself to	p to bottom?	
Narrative (how do you learn? what would	you like for me to know about you?):	

What would you like to know about me, if anything?