



RJ Hodges . 969 O'Kelly St. SE . Conyers, GA 30012 . 770-648-7445

One-on-one Wellness Training

*Please Circle one of the given answers*

1.	Do you find yourself constantly worrying or feeling stressed?	YES or NO
2.	Do you have trouble relaxing and letting go of all the cares you have?	YES or NO
3.	How often do you take a break or a vacation?	Often Rarely Never
4.	Do you get great sleep at night and wake up fully energized?	YES or NO
5.	How often do you meditate or have quiet time?	Often Rarely Never
6.	Do you believe your mental health directly affects your physical health?	YES or NO
7.	Do you have constant uncontrollable mood swings?	YES or NO
8.	Would you say you have great relationships with family, friends, or a significant other?	YES or NO
9.	Do you find yourself constantly angry or upset?	YES or NO
10.	Do you find your thoughts are all over the place even when you are trying to focus?	YES or NO

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature : \_\_\_\_\_

This form is for the purpose of consultation and wellness training at Conyers Holistic Chiropractic & Nutrition, and will be used to design a wellness training program unique to the individual listed.