



Eileen Dewey, L.C.S.W.-C
Director

Contact Information

Client Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email Address: _____

How did you hear about us?

Wellness Assessment

Before you can bring about change in your life, it is important to look at yourself as a whole person – in body, mind and spirit.

In order for your Wellness Evaluator to make recommendations for your overall wellbeing, and to increase the likelihood that your recovery will be the best it can be. The Wellness Inventory will examine the following areas:

- 1) Nutrition
- 2) Sleep
- 3) Recreation
- 4) Stress Management & Self-Care

Nutrition Assessment

Write down everything you have had to eat or drink in the past 24 hours.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does this represent a typical day of intake for you? 1) Yes 2) No

Describe your typical breakfast.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any sort of food cravings? Explain.

Describe your typical daily protein intake.

_____	_____
_____	_____
_____	_____

Do you eat as a reward? 1) Yes 2) No

Do you eat for pleasure, comfort, or numbness? 1) Yes 2) No

How satisfied are you with your current nutritional habits?

Do you take minerals or vitamins? Please list:

_____	_____
_____	_____

Sleep Assessment

What time do you go to sleep? _____

What time do you get up? _____

Do you feel the number of hours you sleep is adequate? 1) Yes 2) No

Do you use a sleep aid? 1) Yes 2) No

What do you take and how often? _____

When did you begin taking it? _____

Do you feel that it helps? 1) Yes 2) No

Describe your sleep patterns by circling those that apply to you:

Night Owl

Early riser by choice

Wake up too early

Rely on caffeine to stay awake

Unpredictable sleep schedule

Creature of habit

Awaken feeling sad

Constantly feel sleep deprived

Have difficulty falling asleep

Have difficulty staying asleep

Have recurring dreams or nightmares

Light sleeper

Satisfied with your sleep habits

Unsatisfied with your sleep habits

Sleep disturbed by others (children, partner's snoring, etc)

In what ways would you like to improve your sleep habits?

Self-Care Assessment

How is self-reflection a part of your life? (If it is not, just skip this question)

Identify some comforting, enjoyable activities, object, people, relationships, and places in your life. Explain why they are comforting to you.

Do you strive for balance within your work/school day? Do you strive for balance among work, family, relationships, play and rest? If yes, how? If no, why or why not?

Evaluation of Common Stressors

Evaluate your stress level in the following circumstances:

	None	Slight	Moderate	Pronounced	Extensive
Family					
Significant Relationships					
Health					
Finances					
Legal Situation					
Work					
School					
Other					

Evaluation of Coping Mechanisms

How often do you engage in, or use and of, the following activities too much, or as a way of escaping:

	Rarely	Sometimes	Frequently
Computer			
Television			
Work			
Video Games			
Drugs			
Alcohol			
Eating Food			
Eating Chocolate and Other Sweets			
Eating Bread and Other Carbohydrates			
Shopping			
Gambling			
Tobacco			
Drinking Lattes, Coffee, Caffeine			
Sex			
Sleep			

FOR THE COUNSELOR TO COMPLETE

Recommended Checklist

- ☐ Complete Physical
- ☐ See Nutritionist/Improve Diet/Amino Acid Therapy
- ☐ Acupuncture
- ☐ Acudetox
- ☐ Yoga/Tai Chi/Pilates/Meditation
- ☐ Exercise Program
- ☐ Stress Reduction Activity
- ☐ Sleep Therapy
- ☐ Hypnotherapy
- ☐ Wellness Group at CAC
- ☐ BREATH Group at CAC

Resources

- ☐ Courtney Carpenter, MS (Human Nutrition)
443-255-0567
focusonfood@gmail.com
- ☐ Cynthia Adams, LCPC, LCADC, CCHT (Hypnotherapy)
410-730-1333
cactar@verizon.net
- ☐ Maureen Gary, M.Ac. Lac. (Acupuncture)
443-253-9446
www.maureengary.com