

Radiant Health Consultation Questionnaire

1. Year of birth
2. Height
3. Weight
4. Constitutional Type
5. Physiognomy
6. **Health Concerns**
 - i) Primary
 - ii) Secondary
7. Health History
8. Stress Factors and Adaptability Issues
9. Tongue
10. Pulses
11. Vitality
12. Eyes
13. Voice
14. Breathing
15. **Digestion**
 - i) Diet
 - ii) Assimilation
 - iii) Bloating, pain, gas, heartburn, lethargy after eating, etc.
 - iv) Food Allergies
 - v) Likes and dislikes, addictions, phobias, etc.
16. **Bowels**
 - i) Elimination
 - ii) Regularity
17. **Mental Functions**
 - i) Focus and Concentration
 - ii) Creativity
 - iii) Memory
 - (a) Short term
 - (b) Long term
18. Emotions
19. **Sleep**
 - i) Ease of going to sleep
 - ii) Depth of sleep
 - iii) Length of sleep
 - iv) Sleep disturbances/
dreaming
20. Urinary Tract Functions
21. **Male Reproductive Functions**
 - i) libido
 - ii) prostate
 - iii) sexual performance and function
 - iv) fertility
22. **Female Menstrual Functions**
 - i) regularity
 - ii) pain, cramping, bloating, etc.
 - iii) bleeding
 - iv) emotions
 - v) menopausal issues
 - vi) birth control
 - vii) number of children
 - viii) PMS symptoms
 - ix) reproductive history
 - x) sexual energy
 - (a) libido
23. **Lifestyle Features**
 - i) Work
 - ii) Interests
 - iii) Hobbies
 - iv) Goals
 - v) Exercise