



## 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 \_\_\_\_\_

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