Dianah Jackson, LMFT MG 60328208
Couples and Family Therapy; Therapy for Teens and Their Adults
4699 Woodson LN SUITE 319C, Bainbridge Island, WA 98110

www.bainbridgefamilycounseling.com – jackson.dianah@gmail.com – 206.953.2810

Brief Health Profile

NAME:

DATE:

What is your sleep schedule?

Do you eat three meals a day? Are you on any special diet or do you have dietary restrictions?

How much caffeine do you consume per day?

How much water do you consume per day?

Do you have any pets or farm animals?

If you use alcohol, how much do you consume and how often per day or per week?

If you use pot, how much do you smoke or ingest and how often per day or per week?

If you use other recreational drugs, how much do you use and how often per day or per week?

What prescription medications and/or health supplements do you take and for what conditions?

How often do you exercise and what are your exercises of choice?

May I contact your physician to collaborate care? If you agree, I will provide you with a release of information form.