



Diagnostic Questionnaire

Please fill out the form and fax to: +972-9-9503038

1. Patient's personal details:

Patient's name: _____

Date of birth (dd/mm/yyyy): _____

Patient's weight: _____ kg or _____ lbs

Address:

Tel.: _____

E-mail: _____

2. The patient has been diagnosed according to Western medicine methods:

yes no

If yes, specify the diagnosis:

If the patient suffers from a chronic illness, please specify:

Patient frequently suffers from headaches: yes no

Patient frequently suffers from stomach aches: yes no

3. Prescribed medicine:

Type of medicine and dosage:

Period of time medicine taken:

4. Nutrition:



Patient's nutrition consists mainly of:

5. Appetite:

Healthy appetite

medium

usually no appetite

6. Bowel movements:

Regular bowel movements:

Patient suffers from constipation:

7. Urination:

Excessive urination: yes no

Bedwetting: yes no

8. Skin:

If patient suffers from skin problems, please specify:

9. Sleep:

Patient falls asleep easily: yes no

Patient sleeps calmly throughout the night: yes no

Patient frequently suffers from nightmares: yes no

10. Behavior:

Physically violent: yes no Throws tantrums: yes no

Verbally violent: yes no Moody: yes no

Overly talkative: yes no Shy: yes no

Impulsive: yes no Daydreams: yes no

Suffers from anxieties: yes no

Involuntary movements / tics: yes no

Obsessive (repetitious) behavior: yes no

Dominant mood: anger fear sadness

Level of energy: very energetic medium mostly tired

Social status: no friends few friends many friends



11. Memory:

Short-term memory: good medium poor

Long-term memory: good medium poor



12. Issues at school:

- Learning difficulties: yes no
- Behavioral problems: yes no
- Organizational skills: good medium poor

I heard about Tree of Healing / Nurture & Clarity® formulas:

- From a Tree of Healing patient:
- From a practitioner / doctor:
- From an article:
- Through a search on the Internet:
- Other: _____

Additional comments (if any):

Thank you for taking the time to fill out this form.