



PHYSICAL HEALTH NEEDS ASSESSMENT

First Name: _____
Last Name: _____
Current Age: _____
Date of Birth (MM/DD/YYYY): _____

Please answer the following questions to the best of your knowledge.

SLEEP & ENERGY

How many hours of sleep do you typically get each night?

How would you describe the quality of your sleep?

On a scale of 1-10, what is your energy level throughout the day? (circle one)

1	2	3	4	5	6	7	8	9	10
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MOTION

What types of different activities do you do each week?

How many hours per day do you sit?

How many days a week do you exercise? (0 - 7 days)

What types of physical activity do you enjoy?

MIND

What area of your life tends to be the biggest stress for you?

What do you do for work?

On a scale of 1-10, how fulfilled are you?(circle one)

1	2	3	4	5	6	7	8	9	10
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On a scale of 1-10, how much do you worry?(circle one)

1	2	3	4	5	6	7	8	9	10
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On a scale of 1-10, how much do you enjoy what you do? (circle one)

1	2	3	4	5	6	7	8	9	10
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FOOD & HYDRATION

How many meals and snacks do you eat per day?

When do you eat your first meal of the day?

- ☐ Right after you get up
- ☐ Mid Morning
- ☐ Lunch Time
- ☐ Mid Afternoon
- ☐ Dinner Time

Do you have access to clean drinking water?

How many ounces of water do you drink per day?

MOBILITY ISSUES

Are you having any mobility issues?

- ☐ Yes
- ☐ No

Tell us more about the mobility issues you are having?

DENTAL HEALTH & INSURANCE

Have you been able to go to the dentist in the last 6 months?

If not, when was your last dental visit?

Do you have any major dental issues that need to be addressed?

INSURANCE COVERAGE

Who is your medical coverage provider?

Who is your dental coverage provider?

Do you have vision coverage?

- ☐ Yes _____
- ☐ No
- ☐

MEDICAL & DENTAL BILLS

Do you have any outstanding medical or dental bills?

- ☐ Yes: Amount \$ _____
- ☐ No

Have any of your medical bills gone to collections?

- ☐ Yes: Amount \$ _____
- ☐ No

Are you on a payment plan to pay off any outstanding medical bills?

- ☐ Yes
- ☐ No
- ☐

LEGAL DISABILITY

Are you legally disabled?

- ☐ Yes

☐ No

If yes, can you provide paperwork from the state about your disability?

☐ Yes

☐ No

Do you need help applying for disability?

☐ Yes

☐ No