

# THE ANNERGY CENTRE

## CLIENT EVALUATION

How would you consider your present level of activity? \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good

How would you describe your GENERAL HEALTH STATUS? \_\_\_\_\_

### **LIST ACCIDENTS/INJURIES/TRAUMAS WITH DATES:**

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### **LIST OPERATIONS WITH DATES:**

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### **LIST MEDICATIONS AND THEIR FUNCTION: (prescription and non-prescription)**

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### **VITAMINS:**

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### **FUNCTIONAL GOALS:**

Please list **five** functional goals for yourself that you would like to see change or improve. You may include any aspect of your life: physical, mental, spiritual, and/or emotional. Choose what is the most important for your overall health and well being.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Are there any further comments you feel would be helpful in your assessment? \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_