Wellness Intake Questionnaire

A Practitioner-Ready Tool for Personalized Wellness Recommendations

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SECTION 1 — Client Information

Name: _____

Age: _____

Gender: ☐ Female ☐ Male ☐ Other

Email: _____

Phone: _____

Current Diagnoses or Conditions: _____

Current Medications or Supplements: _____

Allergies or Sensitivities (check all that apply): ☐ Gluten ☐ Dairy ☐ Soy ☐ Nuts ☐ Nightshades ☐ Other: _____

SECTION 2 — Client Wellness Goals

Check all that apply.

☐ Healthy Gut & Detox

☐ Healthy Weight Loss / Metabolism

☐ Increased Energy / Stress / Adrenals

☐ Better Sleep / Circadian Rhythm

☐ Healthy Inflammation Response / Joints

☐ Improved Digestion & Elimination

☐ Hormone Balance (Male)

☐ Hormone Balance (Female)

☐ Pregnancy / Preconception / Nursing

☐ Brain Function / Mood / Focus

☐ Immune Support

☐ Hydration

☐ Healthy Fitness / Muscle Recovery

☐ Healthy Weight Gain

☐ Healthy Skin / Hair / Nails / Collagen

☐ Heart & Blood Vessel Support

☐ Bone Density Support

☐ Healthy Aging / Longevity

☐ Healthy Eyes & Hearing

☐ Healthy Kids Needs

☐ Support for Pets

SECTION 3 — Symptom & Lifestyle Assessment

Gut & Digestion

☐ Bloating ☐ Gas ☐ Constipation ☐ Loose stools ☐ Sugar cravings

☐ Known glyphosate exposure ☐ Food sensitivities ☐ Heartburn

Bowel movements per day: ☐ 0–1 ☐ 1–2 ☐ 3+

Weight & Metabolism

☐ Difficulty losing weight ☐ Cravings ☐ Slow metabolism ☐ Unstable blood sugar

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Energy, Stress & Adrenals

☐ Low energy ☐ Midday crashes ☐ Difficulty waking ☐ Chronic stress ☐ Caffeine reliance

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Sleep

☐ Trouble falling asleep ☐ Trouble staying asleep ☐ Waking unrefreshed ☐ Insomnia

Inflammation & Joint Support

☐ Joint stiffness ☐ Soreness ☐ Muscle tension ☐ Autoimmune history

Immune System

☐ Frequent colds ☐ Seasonal allergies ☐ Low resilience ☐ Slow recovery

Brain / Mood / Focus

☐ Brain fog ☐ Memory struggles ☐ Mood swings ☐ Anxiety ☐ Depression ☐ ADHD tendencies

Hormones

Women: ☐ PMS ☐ Irregular cycles ☐ Hot flashes ☐ Fertility support ☐ Nursing support

Men: ☐ Low libido ☐ Low stamina ☐ Prostate concerns ☐ Strength decline

Fitness / Recovery

☐ Low stamina ☐ Slow recovery ☐ Muscle loss ☐ Athletic optimization ☐ Healthy weight gain

Skin / Hair / Aging

☐ Dry skin ☐ Collagen decline ☐ Wrinkles ☐ Hair thinning ☐ Brittle nails

Hydration

☐ Low water intake ☐ Electrolyte imbalance ☐ Sugary drinks ☐ Active lifestyle

Heart / Blood Health

☐ Poor circulation ☐ High blood pressure ☐ Low iron ☐ Cardiovascular risk factors

SECTION 4 — Lifestyle & Nutrition

Diet type: ☐ Standard American ☐ High protein ☐ Plant-based ☐ Gluten-free ☐ Clean whole foods ☐ High carb ☐ Low carb

Vegetable intake: ☐ 0–1 ☐ 2–3 ☐ 4+

Water intake: ☐ <40 oz ☐ 40–80 oz ☐ 80–100 oz ☐ 100+ oz

Activity level: ☐ Sedentary ☐ Light ☐ Moderate ☐ Intense

SECTION 5 — Practitioner Recommendation Guide

Use client responses to recommend targeted Purium products.

- **Gut Issues:** Biome Medic, Aloe Digest, Enzyme Advantage, Daily Fiber
- **Detox:** Chlorella, Fulvic Zeolite, Super CleansR
- **Weight Loss:** ULT, Power Shake, Super Amino 23, Control Capsules
- **Inflammation:** Apothe-Cherry, Super Xanthin, Joint-Flex
- **Sleep:** Apothe-Cherry, BIO Relax, Chill Spray, Pineal Clear
- **Energy:** Bee Energetic, Can't Beet This!, MVP Sport
- **Women's Hormones:** Women's Defense, Meno-Positive, Super Life Formula
- **Men's Hormones:** Men's Defense, Super Life Formula
- **Pregnancy/Nursing:** Core 4, Spirulina, Chlorella, Super Amino 23
- **Skin/Hair/Nails:** Renew, Collagen builders, Spirulina, Chlorella
- **Kids:** EpiGenius Family, Kids Immune Shield, Kids In Focus
- **Pets:** EpiGenius Dogs, Chlorella

SECTION 6 — Practitioner Recommendation Summary

Primary Goal: _____

Secondary Goals: _____

Recommended Purium Packs: _____

Recommended Individual Products:

_____

Dosage & Instructions: _____

Follow-Up Date: _____