****

**Glimpse … Who Am I**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OVERVIEW**

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| **HOW ARE YOU?**  1 2 3 4 5 6 7 8 9 10  Dying and Disconnected Fragmented but Functional Healthy and Whole |

**PHYSICAL**

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| **Pain\*** 1 2 3 4 5 6 7 8 9 10 No Pain Moderate Pain Severe Pain |
| **Level of Function** 1 2 3 4 5 6 7 8 9 10 Completely Disabled Disabled but Functional Fully functional |
| **Available Resources** 1 2 3 4 5 6 7 8 9 10 No Resources Some Resources Unlimited Resources |

 **\***Pain is the only question that needs to be reversed when calculated.

**MENTAL**

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| **Attitude** 1 2 3 4 5 6 7 8 9 10 Poor Average Exceptional |
| **Thoughts** 1 2 3 4 5 6 7 8 9 10 Racing can’t concentrate Scattered but Functioning Clear & Focused |
| **Intellect** 1 2 3 4 5 6 7 8 9 10 Uneducated Average Intelligence Highly Intellectual |

**SPIRITUAL**

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| **I Feel Loved** 1 2 3 4 5 6 7 8 9 10 Never Sometimes Always |
| **I Feel Connected** 1 2 3 4 5 6 7 8 9 10 Never Sometimes Always |
| **I Feel Fulfilled** 1 2 3 4 5 6 7 8 9 10 Never Sometimes Always |

 Note: Intake questions are for gathering information purposes only. Consult your healthcare provider for clinical advice.

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