

Holistic Wellness Workshop Registration Form

Name :

Date :

Location :



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Sex :

 M

 F

Age :

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Occupation :

 Student

 Job

 Business

 House-wife


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Questionnaire List :

1. How will you rate your general health condition ?

 Good

 Average

 Not Good

2. Do you have skin problems ?

 Yes

 No

3. Are you losing hair ?

 Yes

 No

4. How often do you have dental problems ?

 Often

 Rarely

 Never

5. Do you get enough (8 hours) sleep?

 Yes

 No

6. How satisfied are you with your income level ?

 Satisfied

 Not satisfied

7. How will you rate your tension level ?

 Low

 Medium

 High

Workshop Date :

Signature

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