



Introductory Consult Questionnaire

1. What do you hope to achieve by working together?

2. If you had a magic wand and could erase 3 problems, what would they be?

- a) _____
- b) _____
- c) _____

3. When was the last time you felt well?

4. Did something trigger your change in health?

5. Have you made any changes in your eating habits because of your health?

6. How will you know you have received value from our work together?

7. In order to improve your health, how willing are you to:

Rate on a scale of 5 (very willing) to 1 (not willing)

- a. _____ Significantly modify your diet
- b. _____ Take several nutritional supplements each day
- c. _____ Keep a record of everything you eat each day
- d. _____ Modify your lifestyle (e.g. work demands, sleep habits)
- e. _____ Practice a relaxation technique
- f. _____ Engage in regular exercise
- g. _____ Have periodic lab tests to assess your progress

Comments: _____

8. How confident are you of your ability to organize and follow through on the above related activities: _____

Rate on a scale of 5 (very confident) to 1 (not confident at all)

If you are not confident of your ability, what aspects of your life lead you to question your capacity to fully engage in the above activities?

9. At the present time, how supportive do you think the people in your household will be to the above changes? _____

Rate on a scale of 5 (very supportive) to 1 (very unsupportive)

Comments: _____

10. How much on-going support and contact (e.g. telephone consults, e-mail correspondence) from our professional staff would be helpful to you as you implement your personal health program? _____

Rate on a scale of 5 (very frequent contact) to 1 (very infrequent contact)

Comments: _____

