



Sunlight Natural Health

Dr. Janene Martin, ND
2345 York Rd., Suite 102
Lutherville-Timonium, MD 21093
410.296.4005 | FAX: 410.296-4636
info@sunlightnaturalhealth.com
www.sunlightnaturalhealth.com

Introductory Consultation - Contact Information

Today's Date _____ Date of Birth _____

Name _____
First M.I. Last

Address _____

City _____

State _____ Zip _____

Phone: Home _____

Cell _____

E-mail _____

Do NOT add me to your email list. I understand that by opting out I may miss out on occasional emails such as timely updates about weather closings, special discounts, health-related events & information, etc.

How did you hear about Sunlight Natural Health and Dr. Janene Martin?

Referral/word of mouth (please let us know who referred you so we can thank them): _____

Internet search. circle one: Google Yahoo Bing other: _____

What search terms/words did you use: _____

Social Network. circle one: Facebook Twitter Instagram LinkedIn

other: _____

Saw flyer posted (please let us know where): _____

Sunlight Natural Health website

HealthProfessionals.com website

AANP website

Schedulicity search

Saw sign

Other: _____

The purpose and goal of this appointment is to familiarize myself with naturopathic medicine and Dr. Martins' practice. I understand that this is a NON-medical consultation and that I am aware that I may not receive any specific diagnosis or treatment recommendations during this appointment.

Signature _____

Date _____



Introductory Consult Questionnaire

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

2. How long do you believe it will take to achieve your goals? _____

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

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

4. When was the last time you felt well?

5. Did something trigger your change in health?

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

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

8. 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 | 1 | 2 | 3 | 4 | 5 |
| b. Take several nutritional supplements each day | 1 | 2 | 3 | 4 | 5 |
| c. Keep a record of everything you eat each day | 1 | 2 | 3 | 4 | 5 |
| d. Modify your lifestyle (e.g. work demands, sleep habits) | 1 | 2 | 3 | 4 | 5 |
| e. Practice a relaxation technique | 1 | 2 | 3 | 4 | 5 |
| f. Engage in regular exercise | 1 | 2 | 3 | 4 | 5 |
| g. Have periodic lab tests to assess your progress | 1 | 2 | 3 | 4 | 5 |

Comments: _____

9. How confident are you of your ability to organize and follow through on the above related activities? 1 2 3 4 5

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?

10. At the present time, how supportive do you think the people in your household will be to the above changes? 1 2 3 4 5

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

Comments: _____

11. What practitioners have you worked with or are currently working with regarding your above goals?

12. 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? 1 2 3 4 5

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

Comments: _____

