

Prospective Patient Information

Name: _____ Date: _____ Phone: _____

Best times to call: _____ Age: _____

Referred by _____ Email: _____

1) What symptom prompted your call? _____

How long _____

How severe _____

Run in family _____

What have you tried before _____

How did it work _____

2) Other symptoms? _____

_____ pain, _____ allergies, _____ frequent infections/colds, _____ autoimmune

_____ digestive, _____ sleep, _____ hormones, _____ brain fog/memory, _____ moods,

_____ fatigue, _____ blood sugar _____ cholesterol, _____ weight loss _____ gain

_____ trauma _____ other: _____

3) Do you want symptom relief _____ or to get to the root of the problem to prevent _____

4) If necessary, are you willing to make changes in _____ diet _____ lifestyle?

Do you think this might be challenging? _____ Are you up for the challenge? _____

What challenges might we encounter? _____

5) Follow-up sessions are usually needed. Are you prepared to budget for this? _____

6) If needed, can you budget in diagnostic testing now? _____ In the future _____ When? _____

7) Anything else I should know?

8) Information you would like from me that would be helpful to your making a decision about treatment?