

# Complimentary Consult Questionnaire



What is your name? \_\_\_\_\_

Who is it that referred you to our clinic? \_\_\_\_\_

How can we help you? How has your health been recently?

This may or may not apply to you, but I have found a lot of clients have excessive stress due to work, can you tell me about your work, life and stress levels?

What other modalities have you tried? or Who else have you seen?

What is your diet like?

What is your sleep like?

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What is your energy like in the morning/afternoon and evening?

Is your current health stopping you from doing anything?

What was your health like 5 years ago?

When was the last time you felt well?

How do you expect your health to be in 5 years?

# Complimentary Consult Questionnaire



What questions do you have for me?

What is your top challenge that you would like us to help you overcome?

Why is this goal important to you?

What is stopping you from accomplishing this?

What have you tried in the past to address this concern? How has it worked?

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What functional lab testing have you done?

Stool

Organic Acids Test

Genetic

Heavy Metals

Mold

Other \_\_\_\_\_

None

Who else have you worked with?

Acupuncturist

Chiropractor

Dietitian

Medical Doctor

Naturopath

Other \_\_\_\_\_

What obstacles do you foresee potentially stopping you from reaching your desired outcome for your health?

Finally, on a scale of 1 to Tropical Green Smoothie, how awesome are you?