

- 6) List in a timeline sequence any significant laboratory or imaging results. (Please bring copies of your latest blood-work)

- 7) List in a timeline sequence any exposure to environmental, industrial, or toxic compounds.

- 8) List any history of infections (excluding common colds).

- 9) List any factors that you feel are related to your condition or general health and wellbeing, including emotional/stress.

Personal Opinion Questions

- 1) Do you think healthcare practitioners have failed your case? If so, why?

- 2) What are you looking for in a healthcare practitioner?

- 3) What do you consider a realistic window of time to see changes in your health under our care?

- 4) What are your expectations from us?

- 5) Is your spouse and/or family unit:
- Supportive of you with your health condition? _____
 - Supportive of you seeking care at our office? _____

6) What role do you feel a doctor should play in your health?

7) What role are you willing to play in your health?

8) Are you willing to make significant lifestyle and dietary changes, such as eliminating wheat, sugar, and/or other foods or beverages from your diet?

9) Do you understand that there will be days you feel great that may be followed by unexpected not so good days? (This can be a normal part of the process)

10) Please place an X in the box that represents what you are seeking in a healthcare model:

1	2	3	4	5	6	7	8	9	10

Symptom-based

Pharmaceutical model

(limited patient responsibility)

Systems-based model

Involving diet

lifestyle changes

(maximal involvement)

