

Health & Wellness Questionnaire

List your top three complaints in order from most important to least important that you would like addressed during care at PTM & C Ltd.:

1. _____
2. _____
3. _____

From 0 - 10 (0 being no change and 10 being a complete change), what are your expectations on improvement from the list you have made above?

1. _____ Explain: _____
2. _____ Explain: _____
3. _____ Explain: _____

Y | N Do you want one to one time with Dr. Nicole? Yes, how much time per visit? _____ Minutes

Y | N Do you prefer self guided treatment?

Y | N Do you prefer verbal explanation of information?

Y | N Do you prefer educational literature?

Y | N Do you need regular contact to stay on task? Yes, how often? _____/wk, _____/mo, _____/yr

Y | N Are you self motivated? No, explain: _____

Y | N Are you open to supplementation if needed?

Y | N Do you prefer a support group? Yes, how often? _____

Y | N Do you prefer lab testing for basis of treatment?

Y | N Do you prefer treatment based solely on your symptoms, exam and history?

What are your expectations for starting care in our clinic? _____

What should we expect from you as a patient? _____
