



NAME: _____

DATE: _____

Please take a few minutes to fill in this form. Your thoughtful responses will significantly enhance the effectiveness of our consultation today.

1. My primary goals and/or chief concerns today are:

2. My adherence to my wellness program since my last visit has been:

Excellent Sporadic Poor

3. The most challenging aspects in each area of my wellness program at present are:
(please note whether your challenges are primarily due to lack of knowledge, insufficient discipline/support, poor planning, time management or other reasons)

a) Mental-emotional aspects

b) Dietary habits

c) Exercise program

d) Supplementation

e) Adhering to my treatment schedule

4. Since my last visit, I have been successful in:

5. Since my last visit, I have been thinking a lot about:

6. My attitude toward my wellness program is:

Positive Indifferent Negative

7. I am taking at least 20 minutes to quiet and clear my mind and emotions, and to deeply relax my body.

Daily 2-3x weekly Never

8. I am taking at least 20 minutes of quiet time in order to reflect thoughtfully on my wellness goals and whether my current lifestyle choices are supportive of them.

Daily 2-3x weekly Never

9. I have been exercising in an aerobic and fat-burning range:

Daily 2-3x weekly Never

10. I have been exercising to build muscle strength and prevent lean tissue wasting (prevent accelerated aging)

- Daily 2-3x weekly Never

11. I have been taking the therapeutic foods, remedies and/or supplements that your recommended.

- Daily 2-3x weekly Never

12. My assessment of each product as recommended by you is: (please circle the number that signifies your opinion: 1 = ineffective; 10 = extremely effective)

Product Name

_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10

13. At this time I require:

- Continued Support
 Review of my program
 Re-evaluation in the following area(s)

14. Additional comments/concerns:
