

Patient Questionnaire

I am interested in providing care for the entire person including your physical, emotional, mental and spiritual aspects. In order to better serve you, I ask you to fill out this questionnaire to aid me in knowing your interests.

Are you interested in any of the following?:

- Stop Smoking
- Weight loss
- Fitness
- Stress Reduction
- Drug abuse treatment
- Alcohol abuse treatment
- Enhanced sense of well-being
- Improved marital or personal relations
- Improving your self esteem
- Improving your dietary habits
- Treatment of anxiety or depression
- Reducing Cancer risk
- Dealing with Physical abuse (Currently or in the past)
- Dealing with Sexual abuse (Currently or in the past)
- Dealing with Emotional abuse (Currently or in the past)

Are there other issues you would like to address or discuss with me?

What Problem brings you to the office today?

Thank you

Patient Name: _____ Date: _____