



New Patient Questionnaire

Please check the answer or answers to the following questions to help us determine if we can provide you with the services and the appropriate care that you need to improve your health.

1. What do you want from health care and a health care provider?

- | | |
|------------------------------------|--------------------------------------------|
| Work together to improve my health | To tell me what I need to do to be healthy |
| Prevent future health problems | Maintain current health status |
| To fix my current problems | Other |

2. How would you rate your current health?

- | | |
|-----------|------|
| Excellent | Fair |
| Good | Poor |

3. How many different specialists have you seen in the past year?

- | | |
|---|-------------|
| 0 | 3 |
| 1 | More than 3 |
| 2 | |

4. How many prescription medications do you take every day?

- | | |
|------|--------------|
| 0-5 | 10-15 |
| 5-10 | More than 15 |

5. How important is it for you to actively participate in improving your health?

Very important

Not very important

Somewhat important

Not important at all

6. Do you have problems with chronic pain?

All the time

Several times a month

2-3 times a week

A couple times a year

Once a week

7. If you answered yes to question #6, how long have you had chronic pain?

1-3 months

1-3 years

6-12 months

More than 3 years

8. What have you tried to better manage your current health problems?

Lifestyle and behavior changes

Exercise/personal trainer

(such as diet, exercise, or

Acupuncture

counseling)

Nutritionist

Herbal remedies

Surgery

Physical therapy

Other

Prescription medications

9. What is your biggest concern about your health?

THANK YOU.