

## Health and Wellness Survey

***We recognize that a large percentage of our patients have been asking about natural ways to address their health issues. In response to your questions and expressed need, we have done extensive research to find the most advanced health and wellness solutions to bring to you. Please take a moment to give us your thoughts with regard to your interest in what we can offer!***

1. Are you currently taking any type of nutritional supplement including any supplement for weight loss on a regular basis? **Circle one: YES NO**

2. If you answered Yes, which supplements do you currently take& average monthly cost? **(please circle all that apply)**

Multivitamin	Omega-3	Antioxidant
Vitamin C	Calcium	B-12 or Folic Acid
Coenzyme Q-10	Glucosamine	Weight loss Supplements

Other Please list: \_\_\_\_\_

Average Monthly Cost: \_\_\_\_\_

3. Which health issues would you prefer to address with natural supplementation? **(please circle all that apply)**

Diabetes	Digestive Issues	Allergies/ Asthma
Bone/Joint Pain	Fatigue	Anxiety/Depression
High Cholesterol	Skin Health	Weight Loss
Low Libido	Insomnia	Cardiovascular Protection

Other Please list: \_\_\_\_\_

4. How would you like to receive information on supplements and/or a weight loss program based on appetite suppression and increased fat metabolism without stimulants from our office?

***Email***

***In- Person***

***Phone***

***Mail***

Patient name: \_\_\_\_\_

Email: \_\_\_\_\_