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HEALTH QUESTIONNAIRE

First Name

Last Name

Email

Phone

What are the biggest obstacles stopping you from achieving your health goals?

If you were to wake up tomorrow without these challenges, how would your life be different?

What are the top factors that motivate you to invest in these problems?

What are the characteristics you value in a health coach/patient partnership?

Who else have you worked with?

- Functional medicine practitioner
- Integrative medicine physician
- Naturopathic doctor
- Chiropractor
- None
- Other

Considering your past treatments, what would you like to improve or do differently moving forward?

Are you willing to do what is necessary to improve your health? (Dietary changes, supplement protocols, lab testing, behavioral changes, and/or lifestyle modifications)