

## New Patient Application



Your name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1. Why are you interested in working with Dr. Chiu? What makes you think Dr. Chiu is the right doctor for you?
2. Briefly, what are the major health concerns you are struggling with right now? How long have you had these symptoms for?
3. What have you tried so far that has worked for you?
4. What have you tried so far that hasn't worked?
5. What is your biggest frustration with this?
6. If you could have one question answered about your health challenge, what would it be?
7. How much time would you be willing to invest into getting your result?
8. How did you hear about us?

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## Readiness Assessment

*Rate on a scale of 5 (very willing) to 1 (not willing)*

In order to improve your health, how willing are you to:

	5	4	3	2	1
Significantly modify your diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take nutritional supplements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modify your lifestyle (i.e. work demands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice relaxation techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in regular exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have periodic lab tests run to assess your progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schedule weekly check-ins with the doctor or coach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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