

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

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

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

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



## New Patient Application

1. Why are you interested in working with Dr. Chiu? There are a lot of doctors out there that specialize in integrative medicine. What makes you think Dr. Chiu is the right one for you?
2. Briefly, what is the major health concern that you are struggling with now?
3. What is your biggest frustration with this?
4. What have you tried so far that hasn't worked for you?
5. How much time would you be willing to invest into getting your result?
6. 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 (online or in-person)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>