

Name: _____ Date: _____

Sutter Institute for Health and Healing

What are the reasons for your visit today?

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What is the *one* thing you want to make sure that we accomplish today?

What is your personal vision for your health and your wellbeing?

If your health were excellent, what would you be doing in your life that you are not able to do now?

Regaining one's health and wellbeing can be hard work, may require significant lifestyle changes, and requires perseverance, sometimes over months; on a scale of 1-10, with 10 being absolutely ready, how ready are you to make changes in your lifestyle now?

Please list all supplements that you are currently taking; include anything over the counter that is not prescribed by a health care provider: