

**PATIENT INTAKE QUESTIONAIRRE**

Reason for visit. What brings you here today? Circle all that apply:

 Curiosity from one of our ads?

 Looking to compare treatment methods?

 Looking for continued management through medications?

 Looking to see if there is a way to SOLVE MY PROBLEM?

 Interested ion a LONG TERM, PERMANENT SOLUTION?

Describe how this condition is affecting your life: Please circle all that apply

Effects Confidence

Effects Mood

Effects Relationships

Effects Quality of Life

Effects overall emotional state

 When do you notice your condition is the worst the most? Please circle all that apply.

Morning

Afternoon

Evening

How long have you been experiencing this condition?

How would your life be different if we SOLVE THIS PROBLEM? Please explain:

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On a scale of 1-10 how is this affecting your life?

1 being very little, 10 being it affects my life greatly.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Have you tried any treatments thus far? If yes, please explain.

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1-10, How IMPORTANT is it that you SOLVE THIS PROBLEM?

1 being Not Important, 10 being VERY IMPORTANT.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

On a scale of 1-10, Would you say that you are a COMPLIANT PATIENT, meaning that you follow directives and recommendations very well? Or would you say that you are more of a NON-COMPLIANT PATIENT? (Do things your way)?

1 being NON-COMPLIANT 10 being VERY COMPLIANT PATIENT.

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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_