



## Functional Care Concepts

# Are We a Good Fit to Work Together?

*If you are here, you are considering whether or not working with me may be a beneficial choice for your health. I want to do all I can to support you through my program, Advance Your Health®, and by completing this assessment, we will both continue to learn more about each other. After completion, you will be directed to a page where you can confirm your booking and then you will be scheduled to meet to discuss your current health situation and what your expectations are going forward.*

## Personal Information

First name

Last name

Home phone

Mobile phone

Email address

**What are your top 2 health challenges which concern you the most and with which you would like help?**

**What type of benefit do you expect to get while working on these health issues?**

**What has prevented you from reaching your health goals?**

**Why do you feel this partnership may help you reach your health goals?**

**Do you have someone to also help support your goals as you work on your health?**

Yes

No

**How many doctors or practitioners have you worked with to achieve your health goals over the last 2 years?**

**What lab testing was completed over the last 2 years?**

**Are you comfortable with the technical skills of emailing, using documents and uploading forms if we do work together?**

<b>Are you financially able to do what's necessary to reclaim your health, such as working one-on-one with a practitioner, making diet and lifestyle modifications and purchasing supplements and functional lab testing in order to explore your case further?</b>	<b>Yes</b>	<b>No</b>
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**How did you hear about us?**

**Is there anything else you would like to share regarding your commitment to working on your health?**