

*This form can be used as a pre-scheduling form in Practice Better or emailed to anyone wanting to sign up to work with you. Getting answers here can help you distinguish if this person is committed and how willing they may be to do the work necessary to experience a healing benefit.*

## 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?**

**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?**

Yes

No

**How did you hear about us?**

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