

2bwell, Inc

5935 Willow Lane, Lake Oswego, OR 97035

Phone: (503) 655-0044 / Fax: (503) 515-8099 / URL: www.2bwell.net

NATUROPATHIC INTAKE FORM

Name: _____

Date: _____

1. Why did you choose to come to 2BWell?

2. a) What three expectations do you have from your first visit to our clinic?

b) What long-term expectations do you have from working with our clinic?

c) What expectations do you have of me personally, as your physician?

3. What is your present level of commitment to address any underlying causes of your signs and symptoms that relate to your lifestyle? (rate 0-10, 10 being 100% committed)

4. a) What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health?

b) What behaviors or lifestyle habits do you currently engage in regularly that you believe may be detrimental?

5. What obstacles do you foresee in addressing the lifestyle factors which are undermining your health and in adhering to the therapeutic protocols which I will be sharing with you?

6. Who do you know that will sincerely support you consistently with the beneficial lifestyle changes you will be making?