

Naturopathic Intake Form

If you are planning to see one of our naturopathic providers, please fill out this page.
The more thought you are able to put into your answers, the better we will be able to meet your health needs.

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 are self-destructive?

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?