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Please answer the following questions with as much detail as possible. This will help us better understand you and your body.

ALL INFORMATION WILL REMAIN CONFIDENTIAL.

What are you looking for help with today?

How long have you felt like this? _____

What have you tried currently or in the past, to try and fix this?

How are these issues affecting your life? (work, family, sports, activities, emotionally etc.)

What are these issues stopping you from being able to do?

What are you hoping to achieve by working with us?

What is motivating you to want to achieve these results?

What is stopping you getting these results on your own?

How committed are you to getting the results you want?

If we could develop a plan to fix the issues long term and provide you with a better more functional quality of life, would you want that? Or do you just want symptom relief?

Please rate the following: (please circle)

Sleep:	Terrible	Poor	Fair	Good	Excellent
Fatigue:	Terrible	Poor	Fair	Good	Excellent
Mood:	Terrible	Poor	Fair	Good	Excellent
Physical Health:	Terrible	Poor	Fair	Good	Excellent
Ability to cope with stress:	Terrible	Poor	Fair	Good	Excellent
Mental/Emotional Health:	Terrible	Poor	Fair	Good	Excellent

Thank you for taking the time to complete this form.

Please ensure you have your mobile phone switched off during your appointment.

As a part of your Functional Health consultation today you will be scheduled for your report visit, which includes an explanation of your results from your exam and your 1st treatment session. We encourage you to bring your spouse or a friend to this visit as the more support you have, the better your results under our care.