



Initial Consultation Survey

Welcome! In order to provide you the best care possible, please take a few moments and complete the following survey. If you need more space, please use the back of the form.

1. How did you hear about us? Please list all sources/contacts:

- Current Client Friend/Family Ad In: _____
 Health Provider Website Other: _____

2. Why did you choose the Natural Path Health Center? List as many reasons as possible.

3. What (if any) are your concerns about your current health care?

4. What are your current health concerns/goals?

5. How can we make your experience with us as fulfilling as possible?
