

2. How are your energy levels?

3. Overall Progress

Our main objective in having you complete this progress questionnaire is to help you succeed in accomplishing your health goals. Please spend extra time on this comments section; this is where you can express what is going well for you, what is not going so well & what may be frustrating you. We encourage you to dig deep and tell it like it really is.

4. Please list any new supplements or medications that you have started. Please also note if you have increased or decreased any dosages of your current supplements or medications.

5. Have you had any diagnostic tests performed since your last consult? Tests by any other doctor?

YES NO

If yes, what tests have you had done and by which Lab?

6. Please express any concerns you have about our service or anything that involves how your health is being taken care of. We promise you won't hurt our feelings – please let us know.

7. Please express any concerns or questions you may have about your symptoms or condition or the approach we are taking to improve your health. Do you feel that you understand the role of nutritional/functional testing in helping you get well?

8. Please list exactly what you ate for breakfast, lunch and dinner over the last two days. We want to know exactly what foods and beverages you have consumed, including snacks.

Day1

Breakfast

Lunch

Dinner

Snacks

Beverages

Day2

Breakfast

Lunch

Dinner

Snacks

Beverages

Any other comments about your diet?

9. What has been your greatest challenge in sticking with the program?

**10. Is there anything you want to ask doctor regarding your health that you may have forgotten?
Any new symptoms or concerns?**

11. Will you need any pathology request forms or repeat scripts during your next consultation?

- Prescriptions
- Pathology Request Forms
- Other – please state:

12. Please check off any of the following that you would like to achieve with doctors help:

<input type="checkbox"/> Have more energy	<input type="checkbox"/> Feel less sleepy in the afternoon
<input type="checkbox"/> Sleep better	<input type="checkbox"/> Lose weight
<input type="checkbox"/> Improve digestion	<input type="checkbox"/> Increase sex drive
<input type="checkbox"/> Be able to eat greater food variety	<input type="checkbox"/> Increase metabolism and burn more fat
<input type="checkbox"/> Get rid of allergies	<input type="checkbox"/> Increase flexibility
<input type="checkbox"/> Improve my skin	<input type="checkbox"/> Reduce stress
<input type="checkbox"/> Not be dependent on laxatives	<input type="checkbox"/> Improve memory
<input type="checkbox"/> Be able to exercise again	<input type="checkbox"/> Feel more focused
<input type="checkbox"/> Have better muscle tone	<input type="checkbox"/> Improve mood
<input type="checkbox"/> Be in less pain	<input type="checkbox"/> Reduce risk for chronic disease
<input type="checkbox"/> No longer use pain medication	<input type="checkbox"/> Work on an anti-ageing program
<input type="checkbox"/> No longer use allergy medication	<input type="checkbox"/> Improve my diet
<input type="checkbox"/> No longer use sleep medication	<input type="checkbox"/> Detoxify my body
<input type="checkbox"/> Have a better immune system	

Please either print out your completed progress questionnaire and bring it with you to your next consultation or email it prior to your consultation to admin@lotusholisticmedicine.com.au

In good health,

The Team at Lotus Holistic Medicine