



Endometriosis Program Intake Questionnaire

Name:

Date:

Email:

Phone:

DOB:

Height:

Weight:

Blood Type:

Excision Surgery?

Past Dates?

Planned?

Surgical Outcome?

Please list your current healing team - medical/health, and home team.

What are your top 3 most bothersome symptoms currently?





When did this health issue begin?

Have there been complications along the way?

How was your health as a child?

When did you feel your healthiest?

When did you last feel healthy?

What have you tried to improve your health/ relieve your symptoms?





What (if anything) has been helpful?

What (if anything) has not been helpful?

List any foreseeable barrier that may prevent you from committing the next 4-6 months to improving your health.

How will you define success at the end of our work together? If you could wave a magic wand, what would you like to have happen in your health and life?

Is there anything else I should know?





What are your top 3 questions for me?

In order to improve your health, how willing are you to: 5 (most willing); 1 (not willing)

- Significantly modify your diet.
- Take nutritional supplements each day.
- Keep a journal of your nutrition and lifestyle habits.
- Modify your lifestyle (such as work demands and sleep habits.)
- Engage in regular exercise.
- Have periodic lab tests to assess your progress.
- Take some time for yourself.

How committed are you to solving this health challenge? (0 - not at all, 10 - extremely committed)

