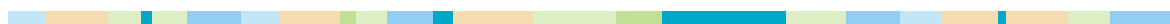


Patient Nutritional Questionnaire



Please take a few minutes to circle the answers to the below questions to help identify key points about your nutritional health.

1. Are you concerned with the amount of toxins and chemicals in your environment? No Yes
2. Do you feel you get enough nutrition from the food you currently eat? No Yes
3. Do you eat organic produce? No Yes
4. Do you currently get a sound 8 hours sleep per night? No Yes
5. Do you feel alert every morning when you wake up? No Yes
6. Do you have a hard time losing weight? No Yes
7. Do you consume coffee, tea, sugar, candy or similar products to give you a boost during the day? No Yes



- **Did you know that more than 65 insecticides, pesticides and herbicides can be found on everyday produce purchased at the market?**
- **More people today are reliant on outside stimulants to get through the day, caffeine being the biggest culprit.**
- **Most of us currently have a scheduled maintenance for our car, our home air or water systems, even our pools; but we are not always as diligent with our internal maintenance.**

If you would like to find out how to easily improve your internal body environment, we're offering our patients a free consultation. See the front desk to schedule an appointment.

PLEASE PRINT

Name _____ Date _____