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Naturopathy Questionnaire for Case Taking

Date ___/___/2021, Day _____

What is your Full name?

Last

M.I.

First

What is your date of birth?

(mm/dd/yyyy) Month/Day/Year

What is your address?

Email:

What are your phone numbers? () _____ [H/M]

Mobile/WhatsApp: () _____ [M/H]

Best time to reach you:

Please answer as many of the following questions as you can in preparation for your initial consultation. If you find this difficult to do, don't worry about it, we will explore further during your session, and I will help you tell me the story of your illness.

Please tell me about the genetic background of the family: diseases of parents, grandparents and siblings.

Physical Sphere

- 1) What are your physical complaints?

- 2) What gives you relief and for how long?

- 3) What other methods you have tried that failed in past?

- 4) Any surgeries you had in past, particularly relating to this ailment?

- 5) What possibly caused the disease & what is the diagnosis by your MD Physician?

- 6) What medications are you taking, and what are they for?

Everything you say to me will be kept confidential

Thank you for completing this questionnaire.

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