

American Integrative Medicine, LLC

Integrative Medicine Assessment Questions

Please read each question carefully and answer to the best of your abilities. It is our hope that these questions will help us better understand you; your mind, body, spirit, emotions and your beliefs about illness and health. This assessment allows Dr. Bakus to offer the best recommendations for your emotional, physical, spiritual and intellectual wellbeing. Because at American Integrative Medicine our AIM is to keep you healthy!

Name: _____ Date: _____

Concern (please rank by priority, onset, frequency and severity)

1. _____
2. _____
3. _____
4. _____
5. _____

What are your goals for an Integrative Medicine visit?

Illnesses (past/ present family members)

Heart disease _____
Hypertension _____
Cancer _____
Diabetes _____
Hepatitis _____
Digestive _____
Seizures _____
Thyroid Disease _____
Other _____

Reviewed by: _____

Allergies (medications, reactions/intolerances)

Do you use? (yes/no/never/quit, quantity, frequency)

Tobacco _____

Alcohol _____

Other drugs _____

Current Medications: prescription and Over-the-counter
(name, dose, reason, when started)

Vitamins/minerals/supplements
(name, manufacturer, dose, reason, when started)

Reviewed by: _____

Relaxation/ mind-body work (type, frequency, improvements)

Alternative/Complementary Medicine (type, frequency, improvements)

Previous Physicians (name, address, phone, dates of service, outcomes)

Diagnostic blood work/radiographic/nuclear exams (name, dates, levels, results)

Previous surgeries/ hospitalizations (procedure, date, outcome)

Reviewed by: _____

Social History:

Home (where, how long, with whom, happy)

Work (where, how long, likes, dislikes, goals)

Fun (activity, where, with whom, frequency)

Food (typical daily menu, favorites, intolerances)

Exercise (activity, frequency, feeling)

Spiritual (activity, frequency, feeling)

Reviewed by: _____

Sexuality (preference, relationship, satisfaction)

Family (description, structure, happy)

Personal Motivation Questions:

What is your motivation to feel your best?

How long do you feel it will take to feel your best?

What are you willing to do to feel your best?

What obstacles have you encountered or considered?

Reviewed by: _____

How do you plan to over come these obstacles?

What role do you think American Integrative Medicine plays in helping you achieve your health goals?

Thank you for taking the time to thoughtfully fill out this extensive questionnaire. We appreciate your time and input. Please return this information about 1 week before your consultation. Then our experts will review it and create a comprehensive Integrative Medicine Treatment Plan just you; the whole person; mind, body and spirit. Because at American Integrative Medicine our Aim is to keep you healthy!

Reviewed by: _____