

PATIENT SURVEY

1. Are you presently taking any type of nutritional supplements (such as vitamins, minerals, herbs, amino acids, fish oils, etc)?
 yes
 no

2. Name the supplements that you are presently taking:

3. Who recommended you take these supplements?
 family member or friend
 advertisement
 health professional
 other

4. Where did you purchase these supplements?
 mail-order
 nutrition or vitamin shop
 pharmacy
 healthcare provider
 other

5. If your doctor offered an advanced, high quality line of supplements, would you consider purchasing them?
 yes
 no

6. If your doctor offered a simple genetic test to determine what supplemental regimen is best for you, based on your genetic variations, would you consider doing it?
 yes
 no

7. If this office offered a comprehensive weight management program, would you consider it?
 yes
 no

8. If this practice offered a nutrition education program to improve your dietary habits, would you consider it
by appointment with one of our staff? yes no
by a class exclusively for our patients? yes no