



# New Client Questionnaire

*Please complete prior to your Discovery Call.*

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe what you hope to achieve by working with Dr. Lara: \_\_\_\_\_

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How would you prefer to hold consultations?

In person (if possible)

Video Conference

Phone

What program do you think you would be most interested in?

1-month

2-month

3-month

A la carte

On a scale from 1 (not willing) to 5 (very willing), how willing are you to significantly modify your diet?

1    2    3    4    5

On a scale from 1 (not willing) to 5 (very willing), how willing are you to take daily supplements?

1    2    3    4    5

On a scale from 1 (not willing) to 5 (very willing), how willing are you to keep a record of your daily intake?

1    2    3    4    5

On a scale from 1 (not willing) to 5 (very willing), how willing are you to modify your lifestyle (work, sleep, stress management, etc.)?

1    2    3    4    5

On a scale from 1 (not willing) to 5 (very willing), how willing are you to practice a relaxation technique?

1    2    3    4    5

On a scale from 1 (not willing) to 5 (very willing), how willing are you to engage in regular exercise?

1    2    3    4    5

On a scale from 1 (not willing) to 5 (very willing), how willing are you to have periodic lab tests to assess your progress?

1    2    3    4    5