



MIND BODY & SOUL MEDICAL
New Patient Questionnaire

Please answer these questions honestly. If you feel compelled to elaborate on any answer, please do. The more I know about you, the better!

1. What is your occupation?
2. Name three things you have done in the past week which allowed you to utilize your creative energy.
3. Do you exercise? How often? If not, what keeps you from exercising?
4. What are your hobbies?
5. Rate your level of satisfaction regarding your overall health (1-10).
6. Rate your level of satisfaction regarding your sex life (1-10).
7. Rate your level of satisfaction regarding your relationships with those closest to you (1-10).
8. What are your top three "Bucket List" items?
9. Name the best place(s) to which you have ever travelled.
10. How often do you travel for leisure?
11. Do you have children?
12. What is your marital status?
13. Do you volunteer anywhere? If so, where?



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14. Rate your level of satisfaction regarding your ability to make healthy food choices (1-10).
15. Describe your perfect day and night.
16. Do you have any animal companions? If so, what kind?
17. What is your favorite animal?
18. What is your favorite holiday?
19. Do you practice any exercises in mindfulness? (Ex: Yoga, meditation, deep breathing, journaling, art)
20. How many hours per day do you spend watching television? What do you usually watch on television?
21. How many hours per day do you spend on social media?
22. How many hours per day do you spend in nature?
23. Would you say you are typically up-to-date on current events?
24. Beach or mountains?
25. Describe your wardrobe (Ex: Colorful & vibrant, sweat pants & T shirts, anything black, tank & jeans, athletic wear, casual & comfy, dressy & sleek, business suits)
26. What is your favorite color?



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27. How many hours per week do you devote to self-care?
28. Do you have a dream that you want to accomplish? If so, what is it?
29. When is the last time you did something nice for yourself? What was it?
30. When is the last time you did something nice for someone else? What was it?
31. Rate your level of satisfaction with your overall energy level.
32. Do you believe in God/universal life force/spiritual beings?
33. What is your favorite dessert?
34. Do you smoke cigarettes? If so, how many per day?
35. Do you consume alcohol? If so, how much per week?
36. Do you use recreational drugs? If so, how much and what kind?
37. What was your dream job as a child?
38. What is your favorite movie?
39. What is your favorite thing about yourself?
40. Describe your normal bedtime routine.
41. Name one thing about your health that you would like to see to change.



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42. Rate your level of satisfaction with the place in which you live.
43. Is there a different culture which you would like to know more about? If so, which one(s)?
44. What is your favorite book?
45. What is the most exhilarating thing that you have ever done?
46. What is a compliment that you often hear about yourself? How do you react to hearing it?
47. When someone gives you a gift, how do you normally respond?
48. If you had all the money and time in the world, what is the first thing you would do?
49. If you could visit any place in outer space, where would you go?
50. If you could spend a day with any person throughout history who would it be? Why?