

NAME:

DATE:



NATURE THERAPIES

*Thank you for taking the time to answer these questions thoughtfully.  
This form helps to clarify, your understanding of your health, what treatment you  
would prefer and how I should best work with you to improve your health.*

1. Why did you choose to come to Nature Therapies?

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2. What **style of care**, or treatment modalities do you think would be the most successful,  
and what **outcomes** would produce a pleasing result for you?

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3. How long do you feel this will take?

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4. Do you feel that your signs and symptoms are a reflection of **A.** short-term superficial  
circumstances or **B.** longer term potentially deeper challenges? (Please circle your  
preference)

5. What are the areas of your lifestyle that you would like to improve: (Circle, then prioritise  
#1,2,3,4 etc.)

My level of anxiety  
My place of living  
Not enough quiet time/rest  
My diet/nutrition program  
My exercise program

Time spent in nature  
My creative expression  
My feelings around career  
My social and family life  
My communication skills

6. Do you have any lifestyle habits that sabotage or compromise your health? (Please list)

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7. What might it cost you if you don't significantly improve your lifestyle and any underlying contributors to compromised health? (E.g. percentage of vitality and/or longevity, percentage of joy, happiness, peace of mind, future physical independence, current and/or future relationships, career effectiveness, etc.)

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8. What is your present level of commitment to address any underlying causes of your signs and symptoms, which relate to your lifestyle? (Rate from 1-10, with 10 being 100% committed.)

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9. Reflect on your highest priorities in life, and list the top 3 which come to your mind and speak to your heart. Where does your "health and vitality" fit in?

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What potential obstacles do you foresee, in addressing the lifestyle factors, which are undermining your health, and in adhering to the therapeutic protocols, which we will be sharing with you?

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10. How confident are you that you will follow through on the healthy life style changes, nutrition and exercise that it will take to achieve your wellness goals?

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I consent to treatment at Nature Therapies and confirm that I have read the New Patient Welcome information completely, and understand the requirement to give at least 24 hours notice to change or cancel an appointment or pay the cancellation fee (to stop me going broke ☺).

I have read the above information and hereby agree to these terms

Signed .....Date .....