

Dr. Beckingham's New Patient Questionnaire

Name: _____ Date _____

How has your health condition affected your job, relationships, finances, family, or other activities?

What has that cost you? (time, money, happiness, freedom, sleep, promotion, etc.)

What are you most concerned with regarding your problem?

Where do you picture yourself being in the next 5 years if this problem is not taken care of?

What would be different/better without this problem? Please be specific.

What do you desire most to get from working with Dr. Beckingham?

What one thing would you like to be able to do that your current health is preventing you from doing?
