

INDIVIDUAL CONSULTATION with DR. KEFALOS

I strongly recommend that you find some quiet space and set aside ½ - 1 hour to complete this questionnaire.

This questionnaire and any discussions we have are completely confidential.

- Please give each section your full attention.
- Answer all questions completely honestly. Even if you think a different response would be “better.”
- Answering the questions totally honestly is often therapeutic in itself.

Please notice if certain issues pose particular difficulty for you, or if you feel stressed contemplating certain questions or if you have resistance to any of the questions. These could be areas where we might wish to delve deeper.

Please note: You must e-mail me your completed questionnaire at least 48 hours before our session! We will NOT have the consultation if I have not received your questionnaire ahead of time.

Name:

Appointment Time/Date:

How may I reach you, if needed? (i.e. cell phone number)

Do you have a Partner/Spouse?

Do you live with a Partner? how long?

What activity engages most of your time?

Weekdays

Is it rewarding?

List up to 3 adjectives to describe your feelings about this activity

What activity engages most of your time?

Weekends

Is it rewarding?

List up to 3 adjectives to describe your feelings about this activity

Hobbies/interests

Amount of time you spend engaged in these activities?

Solo With others

Family situation:

Spouse/Partner (name/age)

List up to 3 words that express your feeling about/relationship to this person

Child (name/age)

List up to 3 words that express your feeling about/relationship to this person

Child (name/age)

List up to 3 words that express your feeling about/relationship to this person

Child (name/age)

List up to 3 words that express your feeling about/relationship to this person

Sibling (name/age)

List up to 3 words that express your feeling about/relationship to this person

Sibling (name/age)

List up to 3 words that express your feeling about/relationship to this person

Sibling (name/age)

List up to 3 words that express your feeling about/relationship to this person

Mother (living deceased)

List up to 3 words that express your feeling about/relationship to this person even if deceased

Father (living deceased)

List up to 3 words that express your feeling about/relationship to this person even if deceased

“Best friend” name

List up to 3 words that express your feeling about/relationship to this person

“Best friend” name

List up to 3 words that express your feeling about/relationship to this person

Pet (name /type of animal)

List up to 3 words that express your feeling about/relationship to this creature

Please use this space to inform us about any additional important individuals.

Your age:

Please list any Significant past medical problems/surgeries:

Please list any Current medical problems:

Please list your Current medications (give name, dosage)

-Include supplements/herbals and OTC medications-

Please list any allergies you have (medications/foods/etc)

REVIEW OF SYSTEMS

Please check off anything that currently applies to you.

GENERAL:

- recent weight gain/amount
- recent loss of weight/amount
- fatigue
- fever
- decline in general health

EARS:

- ringing in the ears
- loss of hearing
- wax buildup

EYES:

- redness
- pain
- dryness
- wear eyeglasses
- wear contact lens
- glaucoma
- cataracts
- date of last eye exam

NOSE:

- nosebleeds
- snoring
- sleep apnea
- postnasal drip
- environmental/seasonal allergies

MOUTH:

- sores in mouth
- I see a dentist regularly

THROAT:

- frequent sore throats
- hoarseness
- difficulty swallowing

NECK:

- swollen glands

HEART/CIRCULATION:

- high blood pressure
- high cholesterol
- history of heart attack
- heart valve problem
- murmur
- chest pain
- irregular heart beat
- swelling of feet/legs
- I have had a stress test
- I have had a heart catheterization
- raynauds

LUNGS:

- shortness of breath
- asthma
- cough

STOMACH/INTESTINES:

- nausea
- vomiting
- vomiting blood
- stomach pain
- indigestion
- jaundice
- hepatitis A B C
- constipation
- diarrhea
- blood in stools
- black stools
- hemmorhoids
- I use laxatives regularly
- I have had a colonoscopy

Date

Findings

KIDNEY/URINE:

- pain/burning on urination
- blood in urine
- cloudy, smoky urine
- frequent urination
- frequent urine infections
- kidney stones
- sensation of not emptying bladder
- difficulty starting/stopping urinary stream
- urinary stream is hesitant
- I get up at night to pee how many times?

(for men)

- enlarged prostate
- prostate cancer
- erection difficulties

BLOOD:

- anemia
- bleeding tendency

MUSCULOSKELETAL:

- muscle pain
- joint pain
- neck pain/spasm
- back pain
- Arthritis
- Lupus
- Lyme disease

SKIN:

- rash
- dryness
- nodules/bumps
- acne
- hair loss

ENDOCRINE:

- Diabetes
- thyroid problem
- other

(for women)

GYNECOLOGIC:

- irregular menstrual periods
- painful menstrual cramps
- I am peri-menopausal
- I am menopausal
- vaginal dryness
- hot flashes
- breast lump or mass
- breast cancer
- gynecologic cancer type
- painful intercourse
- bleeding after intercourse

PLEASE LIST ANY OTHER CONDITION YOU WOULD LIKE ADDRESSED:

Tobacco use: now, in past

Alcohol use: now, in past

Recreational drug use: now, in past

Caffeine/soda/coffee/tea: now, in past, how much

Chocolate/sweets: how much

Fruits/vegetables eaten daily:

Water: amount ingested daily:

Do you exercise?

Did you ever exercise on a regular basis?

Did you/do you do any of these? Walk/gym/yoga etc.

Do you have a satisfying sexual life?

yes no what's that?

Do you have a satisfying spiritual life?

yes no what's that?

Do you meditate?

Have you ever meditated?

Are you having any body work/energy work done?

Have you in the past?

List up to 5 "positive" attributes regarding your current life situation

List up to 5 "negative" attributes regarding your current life situation

What would you like us to focus on together?

Overall wellness

Specific illness (please name)

Nutrition/exercise

Medications

Relationship

If your life had a Mission Statement right now it would be:

What are you hoping to gain from this consultation?

Thank you!!

I look forward to meeting with you.

If possible, bring a copy of your most recent laboratory (blood) work with you, so we may discuss it.

Dr. Kefalos