

## Questions for Will Form, Traditional Health Clinic

(Please record questions, concerns, observations on a new form and bring to each appointment.)

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

Questions related to my treatments:

Questions related to my herbs and supplements:

Questions related to my diet:

Questions related to my lifestyle (exercise, activities, working with the seasons) :

Questions related to my mental/emotional state (relaxation/spiritual study & practice):

Questions related to information I learned about from other sources (other practitioners, the internet, family, friends, etc):

Other Questions:

Use back side as needed.