

Nutritional Supplement Intake Form

To better assess your needs and philosophy toward nutritional supplements, please briefly answer the following questions.

Are you currently taking ANY nutritional supplements (including multivitamins)?

Yes_____ No_____

If yes, please list all supplements you are currently taking:

Please list the conditions, or reasons, why you are currently taking supplements:

Are the supplements you are now taking recommended by a health professional?

Yes_____ No_____

If you are not currently taking supplements, do you believe that with the educated recommendation of your health professional, they have the potential to help relieve your symptoms?

Yes _____ No_____ Possibly_____

Would you prefer that your health professional make nutritional supplement recommendations, if they believed it would help to relieve your symptoms?

Yes_____ No_____ Possibly_____

Are there specific nutritional supplements that you would like to know more about?

Yes _____ No_____ (if yes, list)
