



Get to Know You Survey

1. What is your Name (first and last)?
2. What email address may we use to contact you?
3. What is your address?
4. Who referred you?
5. What are your main goals for seeking nutrition counseling with Balance Health Solutions? Lose some weight, improve health conditions, increase energy, general sense of “I’m not feeling as good as I could.”
6. Do you have any known health or medical conditions or diagnosis that we should know about in helping you find the best care? If yes, please explain.
7. What have you tried so far to address your goal? (Diets, medical help, etc.)
8. What does your typical daily diet look like? (breakfast, coffee, snacks, lunch, dinner, water intake)
9. What percentage of your meals are currently home cooked?
10. Please let us know anything else about your goals for nutrition counseling with Balance Health Solutions and your commitment to receive support to enhance health and healing.