



Consultation/Intake Form	
Name _____	
Date _____	
Address _____	
City _____	State ___ Zip _____
Phone _____	Birthday _____
E-mail _____	
Referred by _____	

People consult Rigsby Family Wellness Center with varied health objectives. Please check below those that apply to you.

- Relief of symptoms
- Correction of my underlying problem
- Better perform work or recreational activities
- Improve my health and enhance my quality of life
- Maximize my own, my family's and my community's health

What are your health objectives?

Name/Address/Phone of the last doctor who put you on a health development/wellness program?

Were you able to stay on the program? _____ How long? _____

What were your results? _____

Were your results permanent? _____

Are you healthier today than you were 5 years ago? _____

If so, what did you do to improve your health? _____

If not, why do you think your health declined? _____

Will you be healthier 5 years from now than you are today? _____

If so, what are you planning to do to improve your health and if not, what could you do to improve your health rather than have it continue to decline?

What would you like your health to be 5 years from now?

Describe the characteristics of a healthy person and lifestyle.
