Motivation Form

Motivation & Inspiration to achieve Health Goals.

Your practitioner Virginia has asked you to fill in this questionnaire to help determine why you have come to Virginia's Apothecare, what your health priorities are and what you expect from your treatment program. Please answer all questions as honestly as you can and provide as much information as you can. The information you provide in this questionnaire will help your Practitioner Virginia formulate a treatment plan specifically designed to help you achieve your health goals.

First Name *

Last Name *

Today's Date *

Top Priorities in Life

Please list your top 3 priorities in life. These can be absolutely anything. This helps Virginia know what is really important to you, so she can help guide achieve your priorities.

What is your top priority in life? *

What is your second priority in life? *

What is your third priority in life? *

Health Goals

What are three health goals we can help you to achieve? How long do you think it might take you to achieve them?

First Health Goal & timeline to achieve it? *

Second Health Goal & timeline to achieve it? *

Third Health Goal & timeline to achieve it? *

Barrier to Achieving Health Goals

Has anything stopped you from achieving your health goals in the past? Examples of things that could stop you from achieving your health goals include not enough time, lack of support or not enough money. Do you think any of these may stop you from achieving your current health goals?

Has anything stopped you from achieving your health goals in the past? *

Do you think any of these may stop you from achieving your current health goals? Give details *

Motivation & Inspiration to achieve Health Goals.

What has helped motivate and inspire you to make significant life changes in the past and /or what could help motivate and inspire you to make changes now? Examples may be your family or friends, a 'health scare' or a special event such as a wedding or birth of a child. Please comment on how/why these motivate you.

What has helped motivate and inspire you to make significant life changes in the past and /or what could help motivate and inspire you to make changes now? *

Health Ratings

Please rate the following on a scale of 1 (poor) to 5 (excellent). Please comment on why you have given this rating.

General Health & Wellbeing- Please rate from 1 (poor) to 5 (excellent) *

◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

General Health & Wellbeing comments

Quality of your diet- Please rate from 1 (poor) to 5 (excellent) *

1 2 3 4 5

Quality of diet comments

Sense of calm & relaxation- Please rate from 1 (poor) to 5 (excellent) *

1 2 3 4 5

Comments on sense of calm & relaxation

Quality & Quantity of sleep *

1 2 3 4 5

Comments on quality & quantity of sleep

Exercise & General Activity Levels- Please rate from 1 (poor) to 5 (excellent) *

1 2 3 4 5

Comments on exercise & general activity levels

Willingness to make changes

To improve your health and well-being, you may be asked to make some changes to your diet and/or lifestyle. If requested by your Practitioner Virginia, how willing would you be to do the following? Please rate on a scale of 1 (not willing at all) to 5 (extremely willing). Please comment on why you have given this rating.

Significantly modify your diet - Please rate from 1 (not willing at all) to 5 (extremely willing). *

1 2 3 4 5

Comments about willingness to significantly modify diet

Record everything you eat each day- Please rate from 1 (not willing at all) to 5 (extremely willing). *

1 2 3 4 5

Comments about recording everything you eat each day.

Engage in regular exercise/ activity- Please rate from 1 (not willing at all) to 5 (extremely willing). *

1 2 3 4 5

Comments about engaging in regular exercise/ activity.

Alter your work patterns - Please rate from 1 (not willing at all) to 5 (extremely willing). *

1 2 3 4 5

Comments about altering work patterns

Practice relaxation techniques on a regular basis - Please rate from 1 (not willing at all) to 5 (extremely willing). *

1 2 3 4 5

Comments about practicing relaxation techniques on a regular basis

Modify your sleep habits - Please rate from 1 (not willing at all) to 5 (extremely willing). *

1 2 3 4 5

Comments about modifying your sleep habits.

Take nutritional and/ or herbal supplements each day - Please rate from 1 (not willing at all) to 5 (extremely willing). *

1 2 3 4 5

Comments about taking nutritional/ herbal supplements each day

Have periodic consultations to access your progress - Please rate from 1 (not willing at all) to 5 (extremely willing). *

1 2 3 4 5

Comments about having periodic consultations to access your progress

7. With our guidance and support, how confident are you in your ability to follow through on the above activities? Please rate on a scale of 1 (not confident at all) to 5 (extremely confident). *

1 2 3 4 5

Comments about how confident you are to follow the above activities with our guidance and support.

8. How supportive do you think your family and friends will be in helping you implement the above changes? Please rate on a scale of 1 (not supportive at all) to 5 (extremely supportive). *

1 2 3 4 5

Comments on how supportive family & friends will be.

Patient Signature *

Please sign inside the box