

# Karisma for Life!

Name:

## Establishing Health Goals

Before we begin our journey together, I want to discuss something very important that will have a major impact on your ability to recover and achieve maximum improvement. After many years in private practice, I have had the opportunity to work with hundreds of patients and have seen many achieve significant improvement while others have become frustrated and failed in their attempts to get well. After careful review, I have discovered the reasons why some people succeed and why others fail. This questionnaire is about much more than eliminating your symptoms – it's about living a life of vibrant health.

I've discovered that the correct way to achieve health and stay healthy is to discuss of how you have lived your life up to this point and how you will live it in the future.

Have you ever wondered if you are on the right path to achieving optimal health? The definition of insanity is: "to keep doing the same thing over and over and expecting different results." If you keep following the course of treatment you have been following and it hasn't been successful, will your results ever change? No. You need a new and improved way to reach your destination.

Most people tell me they've made the decision to change. But how many people have truly decided to change? Very few! Why? Because there is a big difference between deciding something and having "reasons" to actually do it. When you make a decision to change and you know your reasons, you create an internal power that can propel you to achieving health and wellness.

Therefore, to help you make significant changes in your health, I want to ask you a few very important questions. I want you to be honest with yourself and really dig deep inside for the answers.

**Instructions:** Please **TYPE** answers to the following questions with as much detail as possible. You can also download the Word document that you can fill in and email back or print and fax back.

PLEASE ANSWER ALL QUESTIONS INDEPENDENT OF EACH OTHER (for example, do not combine questions 2 and 3 below, but answer each one individually). Please do not leave any answers blank or answer, "I don't know" to any of these questions.

1. Have you made the decision to change and to do what it takes to get well?

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2. What do you want to achieve from the care Dr. Vernon can provide?
3. If you had a magic wand and could erase three problems, what would they be?
4. Why do you think health care practitioners have failed with your case?
5. Do you think your condition can be cured or improved?
6. What are you looking for in a health care practitioner?
7. What things do you dislike about health care practitioners?
8. What do you consider a realistic amount of time to see changes in your health under the care of Dr. Vernon?
9. How long will it take for you to discontinue management under the care of Dr. Vernon if you see no improvements in your health?
10. Is there anyone you blame for your health condition?
11. What specific improvements in your health would you consider a successful outcome in your case?
12. Are you prepared to handle the financial costs of further assessment?

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13. Do you feel our practice fee (\$300 an hour) is fair and appropriate?
14. Are you emotionally and spiritually able to handle further care?
15. How would you feel if you spent more time, energy and money under the care of Dr. Vernon and had no improvements in your case?
16. Is there anything in your belief system that you think is holding back your health?
17. Are you willing to change your belief system to gain more health ((not religious beliefs; for example, if you are a vegetarian, are you willing to eat meat)?
18. Are there any emotional experiences that can be relating to your health condition?
19. Are there any patterns in childhood or adulthood that have contributed to your health problems?
20. Is your spouse and/or family supportive of you and your health condition?
21. Are your spouse and/or family supportive of you seeking care with Dr. Vernon?
22. In order to improve your health, are you willing to significantly modify your diet?

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23. In order to improve your health, are you willing to significantly modify your lifestyle?
24. In order to improve your health, are you willing to take several supplements each day?

## **Health History Review Questions**

25. List your chief complaints about your health in order of importance to you.
26. Provide your health history using a timeline sequence (earliest to most recent).
27. List all diagnosis given to you in a timeline. Also give your opinions about each diagnosis.
28. When was the last time you felt well? What do you think has happened to your health since then?
29. List all health care providers you have consulted, their opinions and their treatments.
30. List any treatments, medications, or supplements that have improved your health.
31. List any treatments, medications, or supplements that have caused reactions or decreased your health.

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32. List all medications and dosages you are currently taking.
33. List all supplements & dosages you are currently taking.
34. List in a timeline all supplements and medications you have taken in the past.
35. List in a timeline any medical procedures or surgeries you have had.
36. List in a timeline any significant laboratory or imaging results.
37. List in a timeline any exposure to environmental, industrial, or toxic compounds.
38. List any history of infections (excluding common colds).
39. Is there anything you feel you should tell Dr. Vernon about yourself or your case not cover so far?
40. How did you feel about answering all of these questions and the intake forms?