



KALISH INSTITUTE- NEW PATIENT INTERVIEW QUESTIONNAIRE

Patient Name:

Date:

Background information: (age, sex, profession, general health summary)

- 1. What do you think is really going on, why are you struggling with these complaints?**

- 2. What treatments have you tried that helped and which that didn't help?**

- 3. When was the last time you saw a conventional MD for this condition? Who was it? When was the last time you saw an MD in general?**

- 4. When did this problem very first start?**

- 5. What else was going on in your life at that time in terms of stress, travel, moving, relationships, etc.?**

- 6. What was the most stressful period of your life? What were the sources of stress? (sexual abuse, physical abuse, alcoholic or mentally ill parents, food addiction, eating disorders)**

- 7. Are you under stress now or is most of your stress in the past? if so what is the current stress and how long do you think it will be going on?**

- 8. How are you doing with the lifestyle factors, diet (what do you eat for breakfast, lunch and dinner), exercise (how much, what kind), sleep patterns (get to sleep easily, stay asleep, how many hours, what time go to bed, when wake up), stress management (what you do to handle stress), relationships (sex drive ok or not)**

- 9. History of digestive problems (for women history of hormone issues)**

- 10. Any questions or concerns you forgot to mention?**