



Mike Bauerschmidt, MD, CCT
Medical Director
9231 Medical Plaza Dr.
Suite E
N. Charleston, SC 29406
843 572 7715

DEEPER Healing

Patient Questionnaire

Please describe what you hope to achieve by working with us here at Healing at Sweetgrass?

DIET:

What do you usually have for:

Breakfast:

Lunch:

Dinner:

Snacks:

What percentage of your food is:

Organic fruits and vegetables?

Grass Fed/Wild Caught meats/seafood?

Do you have any issues with:

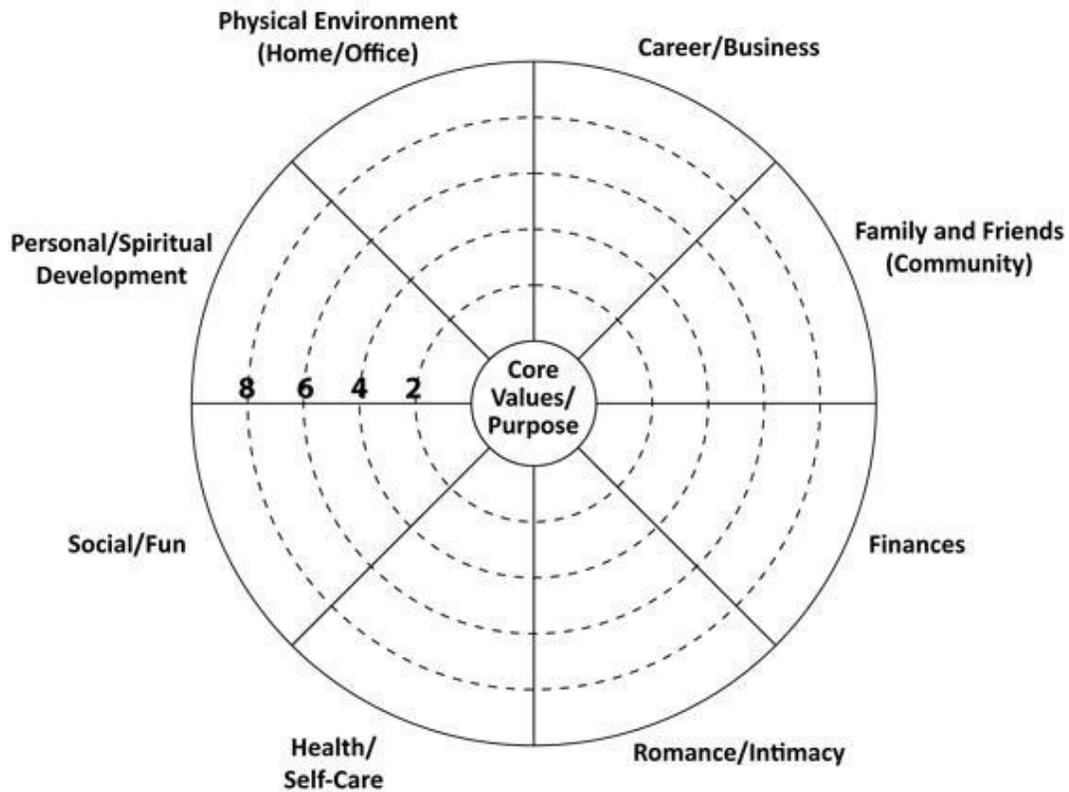
Gas/bloating after meals?

Diarrhea or Constipation?

Food intolerance? (If "Yes" which ones)

EMOTIONAL

Please rate yourself in each of the following areas on a scale of 0 – 10, where 10 is the most satisfied.



Have you suffered any recent losses (job, divorce, death, illness)?

Have you had any major life changes in the past 3 years (job promotion, marriage, relocation)?

How do you respond when you find yourself in a stressful situation?

ENVIRONMENTAL:

Have you had to lower the dose of a medication because you were sensitive to the regular dose?

Do you avoid caffeine in the afternoon because it keeps you up at night?

Do you have a limited tolerance to alcohol?

If you have used oral contraceptives (birth control pills) did you have to stop due to side effects?

Do you have a sudden onset of symptoms like headache, skin rash, nausea, fatigue or shortness of breath on exposure to chemical orders like cleaners, perfumes, new cars, cigarette smoke or diesel exhaust?

If the answer is yes have those symptoms been getting better, worse, or staying the same?

Do you have a water filtration system for your home?

Do you have an air cleaner for your bedroom?

Do you sleep on a memory foam mattress or pillow?

PHYSICAL

Please list current Medications:

Allergies to Medications:

Surgeries:

How much water do you drink a day?

How many sodas or canned beverages?

How much sleep do you get a night?

Do you wake feeling rested?

What sort of exercise do you do?

How often?

For how long?

What is your occupation?

Do you smoke?

If so, how many packs per day?

If you quit, how long ago did you do so?

Do you consume alcohol?

If so, how many drinks (1 shot of liquor, 1 - 12 oz beer or 4 oz glass of wine)
do you consume per week?

Do you have any "nagging" symptoms that recur or simply will not go away?

Do you have enough energy to get you through the day?