



SUSTAIN HEALTH

MEDICALLY SUPERVISED WELLNESS

Hello from Sustain Health! We want to thank you for completing our intake survey. We understand this is a detailed form and will take some time, but please fill it out as completely and accurately as possible. The more information we have about you going into our first meeting, the more productive that meeting can be. We want to customize a program that understands WHY before we prescribe HOW and WHAT.

We ask that you trust your health care team here at Sustain Health by being completely transparent and honest in your answers. We understand some of the questions may feel embarrassing or shameful, but we promise we are not looking to judge your answers but looking to understand how to help you best.

Thanks,

Dr. Kraushar and the Sustain Health team

Demographic Information

Full Name:

Address:

Date of Birth:

Phone Number:

AB Health Care #:

Email Address:

Please give an overview of your goals in joining this program. Knowing what you want to accomplish and where you want your health to be, will ensure we are on the same page and lets us know how best to measure and gauge progress.





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Please list your diagnosed medical conditions, approximately when they were diagnosed, and any details you think we should know about them.

Please list your current medications, approximately when you started taking them, and your understanding of why you are taking each.





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When was your last complete physical with your physician? (MM/YYYY)

When did you last have bloodwork done? (MM/YYYY) Do you recall any abnormalities or concerns?

What your average blood pressure (if you know)?

Please list any allergies (medications/food/environmental, etc...).

Please list any previous surgical procedures and approximate dates.

Please list medical conditions present in your immediate family, or anything that seems prevalent in your extended family.





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What is your current average sleep schedule?

Weekday Bedtime:

Weekend Bedtime:

Weekday Wakeup Time:

Weekend Wakeup Time:

Do you find sleep restorative (wake feeling refreshed), or do you have any difficulties with sleeping? Do you, or has your partner mentioned that you snore or pause breathing at night?

On a scale of 1-10 (1 being completely relaxed, 10 being completely panicked and overwhelmed all the time) how stressed do you feel on average?

1 2 3 4 5 6 7 8 9 10

Describe any stress management strategies or techniques that you currently use.

How do you relax or enjoy yourself, when time allows? How often do you get to do this?





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What is your current occupation?

Who currently lives in the same home as you?

Do you:

Smoke?

Y: N:

Drink alcohol?

Y: N:

Use any recreational drugs?

Y: N:

Do you anticipate family and friends being supportive of you making diet and lifestyle changes? If you live with others, are they willing to make changes to their own habits as well?

Weight history:

Current Weight:

Height:

Highest weight as an adult:

Lowest weight as an adult:





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What previous "diets" have you been on, what were the results of each, and if you are no longer following them, why did you stop?

When you were at your healthiest (however you define that), how were you eating at that time?

Describe what you think an ideal, healthy diet for the long term should look like?





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Please describe an "average" full day of eating (what foods, and quantities), including beverages, be as inclusive and detailed as possible.

Breakfast:

Lunch:

Dinner:

Snacks:

How many meals per week do you eat out/take out? What kinds of restaurants and foods will you order?

If you do not eat as healthfully as you like, why do you think that is? What are some of the reasons you struggle to eat in the way you think would be healthier?

How confident are you that you will be able to change the way you eat, with support and guidance?





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Which of the following challenges do you anticipate in changing your diet? (mark all that apply)

- I don't enjoy the taste of healthy foods
- I feel hungry all the time, so I can't control my eating
- I can't stop my eating when I am stressed out
- My housemates/family/friends won't be supportive of changes
- I can't afford to eat healthy food all the time
- I've heard so many different opinions about diets I don't know who to believe
- I have no time to be planning and cooking healthy meals

Do you have any fears about changing your diet or lifestyle?

Describe your physical activity level: general movement throughout the day (on the job, walks, general moving about) and specific exercise (longer/more intense walks, resistance training, running/jogging, etc...).

If you do not exercise as much as you would like, why not?





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Do you struggle at all with “binge eating” (uncontrollably eating large quantities of food, even if you aren’t hungry, generally to the point of feeling unwell or guilty/shameful about what was eaten? This generally occurs with highly processed, highly palatable foods)?

If so, describe some examples of episodes of binging recently. What did you binge on and how much did you consume? What triggered these episodes or why do you think they occurred?

Are you the type of person that just wants to know what to do (ie. Give me a meal plan, I’ll follow it), or the type to want to learn the principles of how something works and work out how to implement it best?





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Are there any particular questions about food, exercise, sleep, or stress management that you want to make sure we discuss on your first meeting?

Is there anyone else that you would like to attend your first appointment with you?

Is there anything else you think we should know about you before we meet?

Thank you so much for completing our intake form, please ensure you save your answers, then email to hello@sustainwellness.ca, or print out and fax to (587) 387-7261 and we will get back to you regarding booking your initial consultation!

