



## INTEGRATIVE INTAKE SCREENING

It can be challenging to find the healthcare approach that best suits your health concerns and belief system. We've created this questionnaire to help guide you in your decision. For more support, please submit your completed form to our reception staff for review by our Clinic Director, or schedule an introductory consultation with one or more practitioners in our facility.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth (dd/mm/yy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

What is the best way for us to contact you? \_\_\_\_\_

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What experience brought you to KIHC? \_\_\_\_\_

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**Please list your primary health concerns in order of importance:**

1. \_\_\_\_\_ Date of onset: \_\_\_\_\_
2. \_\_\_\_\_ Date of onset: \_\_\_\_\_
3. \_\_\_\_\_ Date of onset: \_\_\_\_\_

**What top changes in your health *specifically* do you wish to see in the coming 6 months?**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Please rate the following statements, with 1 (not true) to 5 (very true):**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| Given the right tools, my body has the ability to heal itself:            | 1 | 2 | 3 | 4 | 5 |
| I prefer to work with a practitioner who just tells me what I need to do: | 1 | 2 | 3 | 4 | 5 |
| My style is to research as much as I can about my health concerns:        | 1 | 2 | 3 | 4 | 5 |
| Preventing illness is a priority for me:                                  | 1 | 2 | 3 | 4 | 5 |
| I am hesitant to try non-mainstream healthcare approaches:                | 1 | 2 | 3 | 4 | 5 |
| Intuition plays a big role in my health choices:                          | 1 | 2 | 3 | 4 | 5 |
| I value the healing process just as much as achieving the end goal:       | 1 | 2 | 3 | 4 | 5 |

**On a scale of 1 (low) to 10 (high), please rate:**

- Overall level of stress: \_\_\_\_\_ Overall energy level: \_\_\_\_\_  
How happy you are generally: \_\_\_\_\_ Overall sleep quality: \_\_\_\_\_



**On a scale of 1 (low) to 10 (high), please rate how willing you are to:**

Address your exercise routine: \_\_\_\_\_ Change your diet: \_\_\_\_\_

Invest financially in your health: \_\_\_\_\_ Invest time into your health goals: \_\_\_\_\_

**Rate how familiar you are with each of the following professions in Ontario, from 1 (entirely unfamiliar) to 10 (very familiar):**

Naturopathic Medicine:	1	2	3	4	5	6	7	8	9	10
Osteopathy:	1	2	3	4	5	6	7	8	9	10
Registered Acupuncture:	1	2	3	4	5	6	7	8	9	10
Registered Massage Therapy:	1	2	3	4	5	6	7	8	9	10
Physiotherapy:	1	2	3	4	5	6	7	8	9	10
Occupational Therapy:	1	2	3	4	5	6	7	8	9	10
Registered Psychotherapy:	1	2	3	4	5	6	7	8	9	10
Reiki:	1	2	3	4	5	6	7	8	9	10

**Rate how curious or interested you are in experiencing each modality, from 1 (uninterested) to 10 (very interested):**

Acupuncture:	1	2	3	4	5	6	7	8	9	10
Hands-on treatments such as massage, physio, osteopathy:	1	2	3	4	5	6	7	8	9	10
Counseling or consultation- type treatments:	1	2	3	4	5	6	7	8	9	10
Light touch therapies such as reiki or craniosacral:	1	2	3	4	5	6	7	8	9	10
Medical nutrition:	1	2	3	4	5	6	7	8	9	10
Specialized medical testing:	1	2	3	4	5	6	7	8	9	10
Natural Health Products, botanicals, and homeopathics:	1	2	3	4	5	6	7	8	9	10

**Is insurance coverage a necessary consideration in your choice of ideal healthcare service? \_\_\_\_\_**

(Please see our FAQ about insurance coverage, on our website.)

*Thank you.*