



Choice Care

by

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Private Medical Services

Name _____

Date _____

Every year, we try to make sure that we have actively reviewed your chart and your habits to make sure that you have been given every opportunity to review your health and that you get all your questions answered.

In order to do that most effectively, we ask that you please answer the questions below as thoroughly as you can. We will review this during your visit so if you feel the need to expand your question or comment, just say so.

1. Please comment on your general health. Do you feel well? If not why? Be specific if you can.

2. What do you think would make your day better?

3. Are you taking your medications? Yes No

4. If no, why?

5. Are you exercising at least 3-4 times per week? Yes No Please describe your exercise habits.

6. Are you satisfied with your diet? Weight loss or gain? Please elaborate.

7. Please list any symptom or complaint that you would like to discuss today.

8. How many hours do you sleep? When you awaken are you rested?

9. Do you work? Do you like your job? How do you spend your day?

10. Are you happily married? and/or is your relationship satisfactory?

11. What are your major stresses during the day?

12. What do you like most about Choice Care?

13. What do you feel most frustrating about your healthcare in general?

14. How can we make Choice Care better for you?

15. How many friends or family members would you like to refer to Choice Care and can you please give us their names and contact information?

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