



Getting to Know You Survey

1. What is your name (please include first and last names)?

2. What email address may we use to contact you?

3. What city or town do you currently live in?

4. Are you filling this survey out for yourself or on behalf of another person?

5. We'd love to know how you found us or who referred you.

6. What are your main goals for seeking nutrition counseling with Flex Appeal Functional Nutrition?

7. Do you have any known health or medical conditions or diagnosis that we should know about in helping you to find the best care? If yes, please explain.

8. What have you tried so far to address your goal? (Diets, testing, modalities, etc.)

9. Which of the following items are currently in your diet in any amount: (select all that apply)
 - Coffee
 - Gluten
 - Dairy
 - Sugar

10. What percentage of your meals are currently home cooked?

11. Please let us know anything else about you, your goals for nutrition counseling with Flex Appeal Functional Nutrition or your health aspirations.

12. We are committed to working with individuals who are dedicated to their health and ready to receive support on their individualized journey to health and healing. We're uniquely poised to uncover and unlock the evolving protocol that will deliver the results you've been seeking. In two or three sentences, tell us something about yourself and/or your health history that will help us get to know you before we take any further steps to dig more deeply into the details of your concerns. When you're done, be sure to hit the green SEND button on the contacts page to schedule your complimentary Strategy Session.