# Getting to Know You Survey Date Click or tap to enter a date.

\*Upon Completion, e-mail the survey to: julie.restorevitality@gmail.com

1. What is your name (please include first and last name)?
2. What email address and best phone number may we use to contact you?
3. If you live within the U.S., in what state and town do you live? If not please specify
4. Are you filling this survey out for yourself or on behalf of another person?
5. How did you find Restore Vitality or who referred you?
6. What are your main goals for seeking nutrition counseling?
7. Do you have any known health or medical conditions or diagnoses that we should know about in helping you 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)

[ ] Soda [ ]  Diet Soda [ ]  Refined Sugar [ ]  Alcohol [ ]  Fast Food

[ ]  Gluten (wheat, rye, barley) [ ]  Dairy (milk, cheese, yogurt) [ ]  Coffee

1. Please include any additional notes here:
2. What percentage of your meals are currently home-cooked?
3. Please let us know anything else about you, your goals for nutrition counseling, or your health aspirations.
4. Restore Vitality is 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 are 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.