

Patient SURVEY FOR PODIATRY

Thank you for participating in our survey. The information provided will help us better serve you in the future. Please answer the following questions to the best of your ability.

Are you presently taking any type of nutritional supplements (such as vitamins, minerals, herbs, amino acids, fish oils, etc)?

yes or **no**

Name the supplements that you are presently taking:

Who recommended you take these supplements? Please check one.

- a family member or friend
- an advertisement
- a health care professional
- other (please specify:
_____)

Where did you purchase these supplements?

Please check one.

- mail-order
- nutritional or vitamin shop
- pharmacy
- healthcare provider
- other (please specify:
_____)

If this office offered an advanced, high quality line of supplements, would you consider purchasing them?

yes or **no**

If this office offered a nutritional education program to improve your dietary habits, would you consider it...

- by appointment with one of our staff?
yes or **no**
- by a class exclusively for our patients?
yes or **no**

OPTIONAL: Please contact me right away with information about the above mentioned products.

Name: _____

Phone : _____

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- nutritional or vitamin shop
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If this office offered an advanced, high quality line of supplements, would you consider purchasing them?

yes or **no**

If this office offered free nutrition counseling, would you consider it?

yes or **no**

If this office offered a simple genetic test to determine what supplemental regimen is best for you, based on your genetic variations, would you consider doing it?

yes or **no**

If this office offered a comprehensive weight management program, would you consider it?

yes or **no**

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yes or **no**

- by a class exclusively for our patients?

yes or **no**

OPTIONAL: Please contact me right away with information about the above mentioned products.

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Phone : _____