GranMed/ARH LSQ, version 7 May 2020

Grand Medicine

# *Intake* *Questionnaire*

***Important Instructions***: *Item headings are in* ***bolded******black****. Always start your answers two spaces from the end of each question. Your answers should then appear in* ***blue type*** *and will thus be more easily read by me, your health provider. (To be sure your answers appear in* ***blue****, start typing two or more spaces after the end of the question.) Answer every lettered and numbered item as best you can. The* ***red*** *items in the first section below are for your practitioner only. Otherwise, be sure to* ***ANSWER EVERY ITEM.***

*Do not leave anything blank unless it simply does not apply. If you do not know the information, or if it does not apply, write “Don’t know” or “Doesn’t apply.” Take as long as you like. Write as much as you feel you need to. This form data is completely confidential and will not be shared with anyone. Being complete helps us make the best and most informed recommendations. Grand Medicine’s comlinks are* ***619-240-3711*** *and* [*gm@grandmedicine.com*](mailto:gm@grandmedicine.com) *if you have any questions or comments. Email this form back to us at* [*gm@grandmedicine.com*](mailto:gm@grandmedicine.com) *when it is fully filled out.*

**Today’s date**:

**Current Time of day**:

**Your Name**:

**Client File #**

**Email address**:

**Home Address:**

**Postal Address**:

Please list home address + regular postal mailing address, if different:

**Phones**: home: work: cell:

**Marital Status**:

**Apparent color of your eyes** (irises): Left iris color\_\_\_\_\_\_ Right iris color \_\_\_\_\_\_

**What is your date of birth**?

**What time of day were you born**?

**What is your current weight**:

**What is your current height**: **Who referred you to this questionnaire**?

**Current Medical Diagnosis**:

Have you ever been medically diagnosed with any diseases, especially recently?

What disease or diseases are you currently suffering from?

Please list any known allergies:

**Blood Pressure**: / **Heart Rate**: **Blood Type**: **Rh factor**:

**Occupation**:

**Do you like your work / occupation**? **Yes**\_\_\_\_\_ **No**\_\_\_\_\_ **Somewhat**\_\_\_\_\_\_\_\_

What emotions or qualities do you associate with the work you do?

Are you a workaholic?

What is your relationship to money?

**What is REALLY bothering you?** PLEASE be completely frank and open in this. Feel free and honest in describing this issue (or issues) in as many words as you like (your feelings are in strict confidence). Exactly **what is it** these days (including today) that you feel is **most disturbing** to you, causing you the most grief, the greatest upset—that really gets to you, devils you? It could be the death or otherwise loss of a loved-one, abandonment, guilt or shame over an event, fear, anger, sorrow, feelings of inadequacy or insecurity, etc. Go:

*Your Illness*

**Complaints, concerns, signs and symptoms**

Where does it hurt? (Please describe the particular symptoms that are currently bothering you.)

What help do you feel you need and for what illnesses?

Are there any actual medical diagnoses, and if so, what is it/are they?

**What is your relationship to this illness**?

How do you feel about it or related to it?

Do you refer to it as “My cancer,” “My diabetes,” or “My arthritis,” etc.? —in other words “owning” the disease?

To what degree, if any, do you feel (or otherwise act like) you want to hold onto this disorder, keep it going, keep it happening?

**Do you want to continue being sick**?

This is not a trick question! Most of us, at one time or another, got some special attention or strokes from being sick. People took notice of us, pampered us, or otherwise gave us what we felt was some much-needed energy. So, consider this: what do you have invested in this illness?

**What do you feel is being brought to a crisis by this illness**?

In other words, what is the “reason for it”?

What do you think or feel you are supposed to be learning from it?

**What is your sense of the cause of the disorder**?

To your best understanding, how did the difficulty develop?

**Goals and objectives**

With our help, what would you like to achieve with your health?

And how do you feel we can help you accomplish this?

**What is your relationship to life and health**?

What do you feel you do to obstruct the Life Force (etheric energy) and thus contribute to your current disease or to disease in general (what is it that you do that ends in disease)?

What is the fundamental thing you need to do to restore well-being?

What particular changes of action do you need to do?

**If you are currently taking any medications, please list them here and what they were prescribed for**:

Please list any and all medications you are now taking.

***Past and/or Occasionally Recurring Problems***

**Are there any problems that recur or are otherwise ongoing**?

This would include things like colds that occur in cycles, like once, twice, three times or more yearly, the flu, or other apparently cyclic disorders or events.

**Have you had any surgeries, accidents, or injuries**?

Please include tonsillectomies, adenoidectomies, appendectomies, rhinoplasties, breast surgeries and other plastic surgeries, etc. It also includes falls from horses, trees and bicycles, automobile accidents, and the like.

**Please list all other physical, mental, and emotional traumas you have suffered in your life.**

This includes the deaths and/or other separations involving loved ones; divorce, prolonged illnesses, terrible suffering, etc., in which you felt wounded at the heart.

***SELF-ESTEEM: Value of Self, and Sense of Value by Others***

**How do you see your value in and to society?**

When you think of yourself vis-à-vis the society in which you live, those you regularly associate with, what is your sense of your value to them in any way, any form?

**How do those in your local community of friends and naybors see you?**

How do you suppose these people value you, or what do you suppose they think of you?

**What, in your best understanding, is the purpose of life?**

What activity or activities do you feel are most important for you (or anyone) to be doing in life?

***Diet and Relationship with Food***

**Are you aware of the dangers in consuming GMO (genetically modified) foods**?

**What do you usually have for Breakfast (please list)**?

Are you currently on any special diet?

If yes, please describe or explain:

Do you have any known food allergies, sensitivities or intolerances?

If so, please list them here:

Do you enjoy cooking / food preparation?

If not, why not?

Do you prepare your own meals?

If not, who does?

When you do **not** prepare meals at home, why not? (ex: do not enjoy it, lack of time, no food in the house, etc.)

Please list any favorite foods:

Please list any food dislikes:

At what hour you normally take breakfast (if you take breakfast at all)?

Do you typically eat breakfast at home, away from home, or do you avoid breakfast?

**What do you usually have for breakfast** (describe in detail)?

What cereals, including common boxed cereals, brown or white rice, millet, etc., do you eat?

Do you use refined sugar at any meal?

If you use other sweeteners, what are they?

If you use dairy milk, rice milk, almond milk, soymilk, or other (like homemade milk), please note?

Do you use regular coffee or decaf, and if so, how many cups daily?

If you drink tea or hot chocolate, what kind and how many cups daily?

What do you put into your coffee, tea or hot chocolate (non-dairy creamer, milk, sugar, etc.)?

If bread is used at any meal, is it white, wheat, rye, sourdough, or another kind, and how many pieces daily?

Do you typically eat **lunch** at home, away, or miss it altogether?

On a typical day, do you eat snacks, and if so, what are they and how often daily?

Please say if and when you usually have **lunch,** the time of day, if it’s at a regular time or random**:**

Please describe in detail what you typically have for lunch?

Is lunch usually your biggest meal of the day?

Do you typically eat dinner at home, away (like at a restaurant), or do you usually miss dinner?

**What do you usually have for and dinner**? (Please describe in detail):

Do you typically eat meals with other people present or alone?

Do you feel rushed when you eat?

Do you tend to chew carefully, gulp or wolf food down quickly, or even sometimes swallow it whole?

Are your eating environments quiet and pleasant, or are they loud, noisy, or otherwise irritating?

**What do you usually have for Dessert**?

What are your favorite deserts?

How often do you eat desserts?

Do you tend to like sweets and indulge this desire?

If so, what kind?

**What is your typical or average Restaurant frequency**?

How often—like, per week, per month, or even per year—do you have a meal at a restaurant?

Do you eat every meal during the week at restaurants?

Do you eat at restaurants only on Sundays / weekends or special occasions?

What is your own average frequency of restaurant eating?

**Are you aware of the Minimum-Optimum Diet recommended by Grand Medicine**?

This diet involves hi percentages of raw, essentially vegetarian, food. If so, are you adapting to it?

Do you know about or have you read ***The GREAT Liquid Diet*** book?

What percent of your daily diet is raw food?

**List any dietary addictions and strong food desires you currently have**.

If you’ve suffered from bulimia, anorexia, or other compulsive behavior regarding food, or if you just must have certain foods at certain times, or if you feel out of control and can’t prevent yourself or discipline yourself from overeating or snacking on certain foods, list this behavior here.

**Do you have any aberrated, anxious, or even excessively private habits and patterns relative to food taking**?

Are there any habits with food that you tend to do alone, without anyone around, that you would not otherwise do with others present?

Do you make sure there is always food in your presence wherever you go, like in your car?

Do you have private stashes of food hidden away where others cannot see it, find it or learn of it?

**Describe your digestion, BM’s (bowel movements) and waste elimination.**

Do you have problems digesting your food?

Are you eating your food too fast, not chewing it well, or otherwise not digesting it well?

How frequently do you have BMs—how many per day or week?

Are they regular?

Do your BMs need to be stimulated, like via laxatives, bran, or any other means?

Is there any pain involved in having BMs?

Is there any bleeding?

Do you do enemas or colemas or get colonic irrigation regularly?

***Toxic Exposure***

**Have you had any vaccinations/Inoculations/Immunizations**?

Please list all vaccinations for childhood, military, travel, of for other reasons.

**What is your history of taking pharmaceutical medications**?

List any medications or drugs that you took in the past, especially in courses—like for a week or more. Opposite the drug, be sure to list the conditions for which the meds were prescribed or taken.

Were you ever given general or local anesthetics for surgeries? Please note the type of surgery (what it was for).

**Have you had any toxic exposure to any kind of radiation, animal bites, or insect poison**?

Were you ever treated for dog bites or snakebites or bee stings, etc.?

Have you ever worked at a factory or in an industry where you were exposed to toxic fumes, solvents, gasses, liquids, or other such at least potentially hazardous substances?

If so, please describe the substances and circumstances of intake:

Have you had several series of X-rays or other type of medical irradiation?

If so, for what?

**Have you been involved in substance abuse and/or addiction, past &/or present**?

Do you currently or have you ever smoked cigarettes or cannabis (marijuana)?

If so, which one, for how long, and at what daily or other rate?

Have you ever been addicted to or currently take alcohol daily?

Do you feel there may be an addiction to street drugs, OTC (over-the-counter) medications, or prescription drugs?

If so, please list the length of time and the amount of daily use of any of these?

***Heritage / Genetics***

**Were you breast-fed or bottle-fed as an infant**?

**What are the principal diseases your family has suffered**?

Are your parents still alive or have they passed on?

If your parents are alive, what diseases do they suffer**?**

Mother:

Father:

If they are gone, what were their main complaints or (otherwise) their medically diagnosed diseases?

Mother:

Father:

***Occupation and Activities***

**What is the direction of the force of your life-energy**?

**Daily activities**: What is your work—or how do you otherwise occupy your daily time?

How do you spend most of your energies—the actual force of your life—during most days?

Do you actually enjoy what you are doing?

Is it somehow satisfying (and, if so, in what way)?

Or would you rather be doing something else, another kind of work?

Describe your attitude about the worldly work you do:

Do you feel it is life-positive and beneficial to Mankind?

***Mind and Emotions***

**What is your general mood**?

Among the emotions *fear*, *sorrow* and *anger*, which do you characteristically experience predominantly?

Describe your desires for power, control and self-esteem.

Do you experience regular wide mood swings?

Do you consider yourself tending to be emotionally **deep** or usually more **superficial**?

During most days, are your conversations and communications with others mostly **ordinary** (common and secular): e.g., involving the weather, food, and the activities of those close to you, family, fellow workers, relationships, etc.?

Do you ever discuss or consider with anyone what is **profound** (the sacred): what we really are, why we are here, our real purpose in life, etc.?

If so, with whom and how often?

What three character traits do you want more of?

Do you tend to be a “glass is half empty” type of person or a “glass is half full” type?

**What about your relationships and home life**?

Do you tend to be social, even desiring more social contacts, or reclusive, more of a hermit, seeking and desiring solitude?

If you are in a mate-type or marriage relationship, what is it like—more positive or more negative?

How would you rate it on a scale of 1 to 10, where 10 is best?

With whom do you live now, if anyone, and if so, what is that like?

Is it working out well or not? Please describe it—whether single and living alone, single and with others, or mated and living with one or more others.

Do you receive physical touch regularly and effectively?

Do you either crave or avoid physical touch?

What three personality traits do you look for in a partner?

Regarding your relationships with your parents, living or dead, are there any residual or lingering problems that you feel are still devilling you, still causing you stress?

Regarding your relationships with siblings or former partners of any kind, are there any residual or lingering problems that you feel still need to be dealt with or are otherwise unresolved?

**Regarding the emotional-sexual, are most of your friends and relationships members of your own sex**?

Do you tend to be heterosexual, homosexual, bisexual, non-sexual, other sexual, or celibate?

Are you comfortable with your sexuality?

**What is the usual direction of your attention—namely, what objects (things, people, or concepts) do your mind and attention tend to focus on most of the time**?

Where or to what do you think the biggest part of your attention goes to during any given day or most days?

What do you spend most of your time thinking of?

Do you tend to wander in your attention, fantasize or daydream (if so, to what degree)?

Describe your use of the will in your daily life: do you tend to “make things happen”, or just “go with the flow”?

Are you prone to negative mind and doubt?

What experiences or acquisitions do you desire most?

***Bodily Relations***

**How do you tend to relate to your body and to others**?

Do you tend to feel victimized by your body?

Do you feel you tend more to seek pleasure or try to avoid pain?

What part of your body do you feel tends to be weak?

Do you have bodily idiosyncrasies such as chronic clearing of the throat or otherwise anything that suggests an underlying weakness in an area of the body?

If so, please describe it.

Do you have any fears about being afflicted by particular diseases—like cancer or heart disease, e.g.—or even premonitions or anxieties about dying from a particular disease?

Describe your relationship to/with others in terms of their pain and suffering—how does it make you feel?

Do you have desires to let the body go and die?

In body identity terms, do you feel the body is “you” altogether, or do you feel it could be merely an instrument, a result of karma, an opportunity to transcend it, mind, and everything else in Divine Communion?

**What is your daily energy level like**?

Is your daily energy level steady or does it fluctuate?

Does it seem to sag in the late afternoon?

***Environments***

**Do you enjoy where you live**?

Is your living environment conscious, neat, orderly and pleasant?

Do you live near a cell tower? If so, how close?

Can you estimate the amount of time you use your cell fone each day?

Is your cell fone held to your head or do you attach earphones to it?

**What is your work environment like**?

Do you enjoy the environment at work? Is it pleasant? Please describe it.

Is it fixed, like an office, or changing, like you are doing a lot of driving or flying?

Are there flowers there, quiet music, good air circulation, or is it stuffy, smelly, noisy, mechanical and irritating?

What is it like (please describe)?

***Rest and Sleep***

**Bedtime, sleep quality**

Do you sleep alone?

At what hour do you go to bed at night?

Does bedtime fluctuate?

At what time do you arise?

How many hours do you sleep nightly, on average?

Is your sleep sound (with few, minimal, or otherwise non-irritating breaks)?

Do you wake up feeling rested?

Do you have to get up at night to urinate?

If so, how many times?

Does partner snoring disturb your sleep?

Do you feel you are getting enough sleep at night?

If not, why not?

Do you desire more rest and sleep than you have, get, take, or are otherwise allowed (by work restrictions or whatever)?

***Exercise***

**Do you have an exercise routine**?

Yes or no?

If not, why not?

If so, is it daily, 3 times per week, or what?

What do you do, exactly?

Do you have any kind of rapid-movement exercise practice at all (like Power Walking, jogging, running, cardio workout at the gym, or calisthenics)?

Are you conscious of how you walk, sit and stand?

If you are not getting regular exercise, please list the reasons why not:

How is your posture?

**What do you notice about your breathing**?

Is it tending to be shallow, uneven, or otherwise exaggerated?

How often are you conscious of deep, relaxed breathing?

Do you ever consciously practice deep, relaxed breathing?

***STRESS***

**On a scale of 1-10, where 10 is greatest, how would you rate your current stress level**?

If you feel your stress is extreme, please list the reason(s) why:

What do you do to manage, minimize or moderate stress?

**What are your top three Current Stressors**?

What three items, to the best of your understanding, cause the most stress in your life?

(These typically include work, the boss, fellow workers, your mind dwelling on past events, fears of the future, insecurity, poor self-esteem, your mate, relatives living with you, animals, noise, your health condition, etc.)

***Religious / Spiritual***

**Do you have a spiritual orientation and/or an actual Spiritual Practice**?

What religious or spiritual tradition, if any, do you follow?

Do you engage actual practice disciplines—i.e., e.g., church attendance, meditation, scriptural study, puja, prayer, chanting, mantra, naama japa, rosary/mala, etc.? If so, please list these here.

If you are doing any of these religious / Spiritual practices, are they working for you?

If not doing them, do you consider yourself not caring to be involved with such activities or associations because God is not known or knowable[*agnostic*] or that there is no God[*atheistic*]?

**What is most precious to your heart**?

A person or persons? An animal? A physical object or objects? A place? A principle or idea? What, exactly?

What are you living for? What do you feel is the purpose of your life?

**What, in your view, is most important for you (or anyone, for that matter) to do in life**?

Have you done it yet, are you doing it, or do you have a plan to accomplish it?

**What legacy do you wish to leave for your children, this world, or otherwise to posterity**?

**What do you think or feel would be the best possible outcome of your life**?

What dynamite or wonderful thing could happen in your life that would be the ultimate?

**What do you feel would be the very best use of your last few moments at the end of your life**?

**What do you think you would you do with those moments**?

***Additional***

**If you truly wish to be well, are you willing to do whatever that takes**?

Bearing in mind that these will necessarily involve certain life-positive diet and lifestyle actions, are you willing to make the required and necessary changes offered by your health practitioner (within reason, of course)?

**Are there any other comments that you wish to make**?

In the understanding that this information is strictly confidential, and that it is used only so that your health professional can better understand your condition and situation altogether toward making his/her best recommendations, is there anything else you would like to note about your health, our work together, or whatever, including anything you (or this Intake health questionnaire) might have left out?