



Anita Sadaty, MD  
Redefining Health

# Thrive!

## Case Review Questionnaire 1

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The single most important criteria for effective case management is a comprehensive and detailed health history. Please answer the following questions with as much detail as possible. It is important for me to know everything about you and your case. Even when you feel the questions may not be directly relevant to your situation, please do your best to answer them. Please type answers to the following questions with as much detail as possible. Please answer each question independently.

### Health History Questions

#### 1. Please List The Following:

Education: \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_

\_\_\_\_\_

Interests (Sports, Hobbies, etc.): \_\_\_\_\_

\_\_\_\_\_

#### 2. List Your Top Chief Complaints In Order Of Importance To You:

» 1. \_\_\_\_\_

\_\_\_\_\_

» 2. \_\_\_\_\_

\_\_\_\_\_

» 3. \_\_\_\_\_

\_\_\_\_\_

» 4. \_\_\_\_\_

\_\_\_\_\_





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## Case Review Questionnaire 2

### Health History Questions (continued...)

3. List all diagnoses given to you in a timeline sequence and your personal opinions about them: \_\_\_\_\_

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4. What is your opinion of what has happened to your health? \_\_\_\_\_

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5. List any treatments, medications, or supplements that have improved your health:

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6. List any treatments, medications, or supplements that have caused reactions or decreased your health: \_\_\_\_\_

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## Case Review Questionnaire 3

### Health History Questions (continued...)

7. List in a timeline sequence any medical procedures or surgeries you have had:

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### Personal Opinion Questions

Please do not answer "I don't know" to any of the questions.

1. Why do you think healthcare practitioners have failed with your case?

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2. What are you looking for in a healthcare practitioner? \_\_\_\_\_

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## Case Review Questionnaire 4

### Personal Opinion Questions (continued...)

3. What do you consider a realistic window of time to see changes in your health under our care? \_\_\_\_\_

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4. Are you prepared to pay for the laboratory testing, consulting fees, and nutritional supplements that may be required to successfully manage your condition?

Yes!     No

5. On a scale of 1 to 10, how committed are you to recovering your health?

1   2   3   4   5   6   7   8   9   10

6. What obstacles or beliefs, if any, stand in the way of you recovering your health?

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7. Are there emotional or psychological issues that may be contributing to your health problems? If so, please explain them briefly. \_\_\_\_\_

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8. Do you enjoy your work? Do you believe your work contributes to your health problems? \_\_\_\_\_

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