

Questions for Will

Traditional Health Clinic and Salt Spa

Please record questions, concerns, observations and bring to your appointment.

Date: _____

Questions related to my treatment:

Questions related to my herbs and supplements:

Questions related to my diet:

Questions related to my lifestyle (exercise, activities, working with the seasons):

Questions related to my mental/emotional state (relaxation/spiritual study & practice):

Questions related to information I've learned from other sources (other practitioners, the internet, family, friends, etc):

Other Questions: