

PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE

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(all answers confidential)

1. Today's date _____

2. Person for whom help is being sought:

Name _____ Date of Birth _____

Type of work _____

Educational level attained _____

Address _____

Phone/fax/email:

home _____ fax _____

work _____ fax _____

e-mail _____

3. Your name/information (if different from above):

Name _____ Age _____

Work/educational background _____

Relationship (family/friend/etc.?) _____

Address _____

Phone(s) home _____ fax _____

work _____ fax _____

e-mail _____

4. If you are not the person for whom help is being sought, please indicate (by circling) which address/phone number(s) we should use to set up the initial appointment.

5. How or from whom did you hear about my practice?

6. What is the general nature of the medical problem for which you are seeking help? Be as specific as possible; give the diagnoses, if possible. At the end of this questionnaire you will be asked to describe in more detail the specific problems you are seeking to resolve.

7. How long has this problem been going on? (be as specific as possible)

_____years, _____months

8. In total, how many physicians have been seen for this problem? _____

9. Please list their names and specialties, and approximately when they were first seen. Circle the ones that are currently involved with the case, with a star by the one(s) primarily in charge of the case. (Worry not, none of them will be contacted without first clearing it with you). List the treatments, medications, etc. that were prescribed. What is most helpful here is providing a timeline.

10. How good is the communication between you and the physician(s) primarily in charge of your case (circle one):

NOT VERY GOOD

REASONABLY GOOD

EXTREMELY GOOD

11. From your viewpoint, which of the following describes the physician(s) primarily in charge (circle all that apply):

TOO BUSY VERY PATIENT ALWAYS IN A HURRY THOROUGH
CARING GOES THE EXTRA MILE DOESN'T RETURN CALLS
TOO BUSINESS-LIKE OTHER_____

12. Is there a primary care physician (GP/Family Physician)? YES NO

If so, who? (name/location)_____

Are they still involved in the case? YES NO

13. To your knowledge, in regard to this case, have your physicians consulted with physician/specialists outside of the local medical community (i.e., elsewhere in the country)?

YES NO DON'T KNOW DOUBT IT

14. To your knowledge, has a medical literature search been done, i.e., a computer or Medline search, or, if it applies, a PDQ (Physician's Data Query, from the National Cancer Institute, which has listings of possible treatment protocols).

YES NO DON'T KNOW DOUBT IT

If yes, what type of search, done by who and when?

15. Did the physician(s) provide you with articles or in-depth information on the condition?

YES NO

16. At any point, did you request the physician(s) to do more work on your case (i.e., additional research, consultations, etc.)?

YES NO

If YES, what did you request?

If YES, what was the response to the request? IGNORED IT DID IT

17. Please rate your level of frustration with the overall medical system you have been dealing with (circle one):

NOT FRUSTRATED SOME FRUSTRATION VERY FRUSTRATING

18. Please describe what research, reading, and work you've done on your own to try to solve this problem:

19. Please describe self-care approaches, groups, alternative/complementary therapies that you may be using or have tried in the past. Put a star by the ones that you feel have helped.

20. Please state as simply and clearly as possible the problem(s) you want help resolving. Include any additional comments to further clarify the above answers and better explain the situation. It may also be helpful for you to write and attach to this questionnaire a brief summary of the medical history. Please try to limit it to one page. If there are essential medical documents, such as a biopsy or pathological report, include that as well, but, please, don't send a complete set of medical records at this time.