



Genesis Wellness Center

Potential New Patient Interview Form

Thank you for taking an interest in working with Dr. Arland Hill, DC, MPH, DACBN. Dr. Hill values health, relationships and time. In his time as a clinician, it has become increasingly evident that not everyone is ready to move forward with making the changes to accomplish their health goals. To prevent investments in time and finances from both parties that do not materialize into stated objectives, Dr. Hill and staff have implemented an interview process for patients. All potential patients are required to participate in this process prior to the establishment of the doctor-patient relationship. There are two steps to this process. The first begins with this interview questionnaire. Upon review and approval by Dr. Hill, you will schedule a phone interview with Dr. Hill's new patient liaison for further consideration. If you are accepted as a new patient, additional instructions will be provided following this conversation. If after review it is deemed that Dr. Hill's counsel is not aligned with you, notification will be forthcoming. It is our desire to support each patient that requests help. However, if Dr. Hill as a provider or the policies that govern the operation of the practice are not the best fit for you, we want you to be made aware of this as soon as possible.

Personal Information

First name

Last name

Home phone

Mobile phone

Email address

Referred by

Why are you interested in seeing Dr. Hill as your functional medicine doctor?

Who else have you seen for functional medicine?

[Redacted area]

Why are you no longer working with them?

[Redacted area]

What is your primary reason for seeking to work with Dr. Hill?

- Functional Medicine Approach
- Meal Planning
- Both
- Other
- Other

If "Other", please specify

[Redacted area]

What are your primary health concerns?

[Redacted area]

Are you coachable? Explain your answer.

[Redacted area]

Are you able to take directions and follow them explicitly? (Rate Yourself)

- 5 - Extremely Compliant
- 4 - Highly Compliant
- 3 - Moderately Compliant
- 2 - Minimally Compliant
- 1 - Not compliant

Are you motivated to make changes?

- 5 - Extremely motivated
- 4 - Highly motivated
- 3 - Somewhat motivated
- 2 - Minimal motivation
- 1 - Not motivated

In relation to the previous question regarding motivation, provide additional clarity for your answer and how you see it impacting your health moving forward.

[Empty text box for response]

Explain why you chose to work with a doctor that does not take or discuss any aspect of insurance as a means for coverage of care.

[Empty text box for response]

What is your preferred method of communication?

- Online Health Portal
- Email
- Text
- Phone

After completing this document, how would you rate your current interest in working with Dr. Hill?

- More desire to work with Dr. Hill
- Less desire to work with Dr. Hill

Thank you for taking the time to complete this document. You will be contacted upon review.