

Client Questionnaire  
Initial Interview

What's the history of your pain?

What's the earliest time you recall having pain (not acute)?

What was going on in your life at the time?

What's your official diagnosis – if any?

How often and in what intensity do you experience the pain?

What area/areas are most affected?

Does your pain move around? If yes, how and where?

What other methods or treatments have you used to try to relieve the pain?

What did you experience with those other methods?

Do you have any history of gastrointestinal issues?

If yes , list/describe what they are.

# ZERO PAIN NOW

NO SURGERY, NO DRUGS, & NO PHYSICAL THERAPY

Do you have any of the following personality traits?

- Perfectionist
- Do-gooder
- Compulsive
- People Pleaser
- Spiritual / Religious
- Dependable
- Sensitive to Criticism

Are you open to the possibility that the cause of your pain is not physical?

Do you have a physician / practitioner who can make a referral for you to ZPN?

What would it take for you to feel like this process was 100% successful for you?

And you're willing to have that now?

*Ask any other questions that might be needed.*

*Answer any other questions or objections.*