

Context of Care Overview

Please take some time to answer the following questions:

1. Why did you choose to come to this clinic?
2. What about our approach resonates with you?
3. What three expectations do you have from this visit to our clinic?
4. What long-term expectations do you have from working with our clinic?
5. What expectations do you have of me personally as your health care provider?
6. What is your present level of commitment to address any underlying causes of your symptoms that relate to your lifestyle? (Rate from 0-10, with 10 being 100% committed.

0 1 2 3 4 5 6 7 8 9 10

7. What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health? (please list)

8. Do you participate in sports or have any hobbies or activities that give you relaxation at least 3 hours weekly? Yes/No

If yes, what type of activities?

How many hours?

1. _____

2. _____

3. _____

4. _____

9. What potential obstacles (if any) do you anticipate in addressing the lifestyle factors which may be undermining your health, and in adhering to the therapeutic protocols, which we will be sharing with you?

10. Who do you know that will sincerely and consistently support you with the beneficial lifestyle changes you will be making?