

NAME:

DATE:

Context of Care

Why did you choose to come to this clinic?

For your care to be as beneficial to you as possible, what results would you like to see over the course of your care here?

How long would you expect to wait before reaching these goals?

Do you think the signs and symptoms that you are experiencing could be purposeful? (As in your body letting you know some changes need to be made for optimum health.)

Do you feel your signs and symptoms are a reflection of

short term factors

Or

longer term, more developed factors

What areas would you like to improve in your life?
(check those that apply, then prioritize 1-#)

- | | |
|--|---|
| <input type="checkbox"/> ___ Decrease levels of anxiety | <input type="checkbox"/> ___ Increase outdoor time |
| <input type="checkbox"/> ___ Increase or decrease every day pace | <input type="checkbox"/> ___ Have an outlet for creative expression |
| <input type="checkbox"/> ___ Have more rest and quiet time | <input type="checkbox"/> ___ Improve feelings toward career |
| <input type="checkbox"/> ___ Improve diet/nutrition | <input type="checkbox"/> ___ Improve social and family life |
| <input type="checkbox"/> ___ Improve exercise program | <input type="checkbox"/> ___ Improve communication skills |

Please list any self-destructive lifestyle habits:

What do you think it would cost your body to remain in this state for an extended period of time? (ex: pain, happiness, physical independence, negative effect on career etc.)

What is your present level of commitment to address any underlying causes of your signs and symptoms which relate to your lifestyle? (rate from 1-10, 10 being 100% committed)_____

What potential obstacles do you foresee in addressing the factors which are undermining your health and adhering to the therapeutic protocols which we will be providing you?

How confident are you that you will follow through on the healthy lifestyle changes that it will take to achieve your wellness goals? (concerning nutrition and exercise, rate 1-10, 10 being 100% confident)_____

Please list and prioritize the top 3 most important things in your life.

1. _____

2. _____

3. _____