

CONTEXT OF CARE

Why did you choose to come to this clinic?

What do you know about the approach of the naturopathic doctor at this clinic?

What 3 expectations do you have from **THIS VISIT** to our clinic?

What **LONG TERM** expectations do you have from working with our clinic?

What 3 expectations do you have of me personally as your naturopathic doctor?

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

1 2 3 4 5 6 7 8 9 10

What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health *(Please list)*:

What behaviors or lifestyle habits do you currently engage in regularly that you believe are **NOT** supportive for your optimal health? *(Please list)*:

What potential obstacles do you foresee in addressing the lifestyle factors, which are undermining your health and would decrease compliance in adhering to the therapeutic protocol which we will be sharing?

Who do you know that will sincerely support you with the lifestyle changes you will be making?

What do you LOVE to do?