



Context of Care

Successful health care is only possible when the physician has a complete understanding of the patient's physical, mental, and emotional health. The nature of your response to the following questions assists in the understanding of your case. Your time, thoughtfulness, and honesty in completing this questionnaire will be of best service to you.

Full name: *

Date: *

Why did you choose to be seen by me? *

What do you know about the naturopathic approach to health and healing? *

What are three expectations you have regarding today's visit? *

What long term expectations do you have from working with me? *

What expectations do you have of me personally as your physician? *

What behaviors or lifestyle habits do you currently engage in regularly that you believe are self-destructive lifestyle habits (please list)? *

What potential obstacles do you foresee undermining



your adherence to suggested therapeutic protocols
and lifestyle interventions? *

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

What do you love to do? *

Do you have an active religious or spiritual practice? *

What are your top three priorities in life? *

**On a scale of 1-10, with 10 being the most satisfied, please rate your level of
satisfaction with the following:**

Physical environment: *

1 2 3 4 5 6 7 8 9 10

Career: *

1 2 3 4 5 6 7 8 9 10

Friends & Family: *

1 2 3 4 5 6 7 8 9 10

Money: *

1 2 3 4 5 6 7 8 9 10

Personal Growth: *

1 2 3 4 5 6 7 8 9 10

Fun & Recreation: *

1 2 3 4 5 6 7 8 9 10

Health: *

1 2 3 4 5 6 7 8 9 10

Significant Other / Romance: *

1 2 3 4 5 6 7 8 9 10



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 0-10,
with 10 being 100% commitment) *