



Context of Care New Patient

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 are you choosing to be seen by me (Dr Currey) specifically today? *

Why are you choosing to see a naturopathic doctor, and what is your experience with naturopathic medicine? *

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? For example, do you have mental blocks regarding certain types of foods, do you find yourself with a lack of time or money? Do you find yourself having an all or none mentality? Are you

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? *

How often and in what ways do you reconnect to nature? *

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) * 1 2 3 4 5 6 7 8 9 10