

CONTEXT OF CARE OVERVIEW

Thank you for choosing Diabetes Natural Path Center as your health care provider. Whether you were referred by another practitioner for a one-time visit, or are looking for a longer-term comprehensive health solution, we look forward to our role in your care. Below are a few questions that really assist us in understanding “where you’re coming from” and how we can best support your health.

- 1) How did you discover our clinic and how did you decide to see us now?

- 2) A. 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 to 10, with 10 being 100% committed)
 0% 0 1 2 3 4 5 6 7 8 9 10 100%

- B. If you answered less than “10”, what stands between your current commitment and 100%?

- 3) A. What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health? (Please list)

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

- 4) What potential obstacles do you foresee in addressing the lifestyle factors that are undermining your health and in adhering to the therapeutic protocols which we will be sharing with you?

- 5) What are your top three expectations of us?

- 6) A. What are the best ways to communicate with you? (Please circle)
 Email Voicemail Home Work Fax Other

- B. Is there any place you would rather we don't try to reach/leave you a message?