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NATUROPATHIC MEDICINE FOR THE WHOLE FAMILY

## CONTEXT OF CARE

1. Why did you choose to come to this clinic?
  - 1b. What do you know about our approach?
  
2. What three expectations do you have from this visit to our clinic?
  - 2b. What long term expectations do you have from working with our clinic?
  - 2c. What expectations do you have of me personally as your physician?
  
3. What is your present level of commitment to address any underlying causes of your signs and symptoms that relate to your lifestyle? (Rate from 1 to 10, 10 being 100% committed)
  
4. What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health? (please list)
  
5. What potential obstacles do you foresee in addressing the lifestyle factors which are undermining your health and in adhering to the therapeutic protocols which we will be sharing with you?
  
6. Who do you know that will sincerely support you consistently with the beneficial lifestyle changes you will be making?
  
7. What do you LOVE to do?