

Context of Care

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Why did you choose to come to this office?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For your care to be a true win for you, what do you want to take place over the course of your care here?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do you feel this will take?

\_\_\_\_\_

Do you think the signs and symptoms that you are experiencing could be purposeful? i.e. Could they be your bodies wisdom saying, "I need some help....let's change some things here!"

\_\_\_\_\_  
\_\_\_\_\_

Do you feel your signs and symptoms are a reflection of short-term superficial circumstances or longer term, potentially deeper seated challenges? (Please circle your inclination here.)

What are the areas of your lifestyle that you would like to improve?

(Circle, then prioritize #1,2,3, etc.)

My level of anxiety

Time spent in nature

My pace of living

My creative expression

Not enough quiet time and rest

My feelings around career

My diet and nutrition program

My social and family life

My exercise program

My communication skills

Self-destructive lifestyle habits: (please list) \_\_\_\_\_

\_\_\_\_\_

What might it cost you if you don't significantly improve your lifestyle and any underlying contributors to compromised health? (e.g. Percentage of vitality and/or longevity, percentage of joy, happiness, peace of mind, future physical independence, current and/or future relationships, career effectiveness, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What is your present level of commitment to address any underlying causes of your signs and symptoms, which relate to your lifestyle? (Rate from 1 to 10, with 10 being 100% committed)

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Reflect on your highest priorities in life and list the top 3, which come to your mind and speak to your heart. Where does your health and vitality factor in?

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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?

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How confident are you that you will follow through on the healthy lifestyle changes (e.g. nutrition and exercise) that it will take to achieve your wellness goals? (Rate 1 to 10, where 1 is “not at all” and 10 is “100% certainty”.)

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