

PATIENT COMMUNICATOR FOR LIFESTYLE EDUCATION

NAME _____ DATE _____

Please take a few minutes to fill in this form for me. Your thoughtful responses will significantly enhance the effectiveness of our consultation today.

1. My primary goals and/or chief concerns today are:

2. My adherence to my wellness program since my last visit has been:

Excellent Sporadic Poor

3. Please rate the following five area of your wellness program at presents from the most challenging (1) to the least challenging (5)

(Please note whether your challenges are primarily due to lack of knowledge, insufficient discipline/support, poor planning, time management, or other reasons.)

_____ Mental–emotional aspects
_____ Dietary habits
_____ Exercise program
_____ Supplementation
_____ Adhering to my treatment schedule

4. Since my last visit, I have been successful in:

5. Since my last visit, I have been thinking a lot about:

6. My attitude toward my wellness program is:

Positive Indifferent Negative

7. I am taking at least 20 minutes to quiet and clear my mind and emotions, and to deeply relax my body.

Daily 2–3x weekly Never

8. I am taking at least 20 minutes of quiet time in order to reflect thoughtfully on my wellness goals and whether my current lifestyle choices are supportive of them.

Daily 2–3x weekly Never

9. I have been exercising in an aerobic and fat-burning range:

Daily 2–3x weekly Never

10. I have been exercising to build muscle strength and prevent lean tissue wasting, (i.e. prevent accelerated aging).

Daily 2–3x weekly Never

11. I have been taking the therapeutic foods, remedies and/or supplements that you prescribed.

As directed Sporadically Never

(Reverse Side for Lifestyle Education Assistant)

12. Assessment of each product prescribed:

(Please circle the number that signifies your opinion: 1 = ineffective; 5 = extremely effective.)

Product Name:

_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

13. At this time, the patient/client requires:

- Continued support
- Review of my program
- Re-evaluation in the following area(s):

14. Additional comments/concerns from Lifestyle Education Assistant and/or Frederick T. Sutter, M.D.:
