

Who referred you to the Lifestyle Medicine Clinic?

What does Lifestyle Medicine mean to you?

On a scale of 1-10 (1 = poor health, 10 = excellent health), how do you rank your current state of health?

1 2 3 4 5 6 7 8 9 10

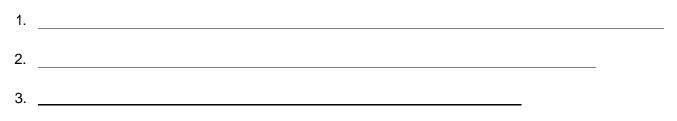
On a scale of 1-10 (1 = unable to perform, 10 = perform easily), how easy is it for you to perform daily activities such as working, cooking, shopping, house chores?

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (1 = unable to perform, 10 = perform easily), how easy is it for you to be active such as gardening/yard work, exercise, climbing stairs?

1 2 3 4 5 6 7 8 9 10

What are your top 3 health problems/concerns:



What are your goals for working with the Lifestyle Medicine clinic?

Goal #1:	
Goal #2:	
Goal #3:	

On a scale of 1-10, how confident are you in the ability to achieve: (circle)											
Goal #1:	1	2	3	4	5	6	7	8	9	10	
Goal #2:	1	2	3	4	5	6	7	8	9	10	
Goal #3:	1	2	3	4	5	6	7	8	9	10	
What are 3 challenge	es/b	arrie	ers th	nat n	nay a	affec	ct yo	ur Li	ifest	yle Medicine goals?	
Challenge #1:											
Challenge #2:											
Challenge #3:											
Have you previously	/ wo	orked	l wit	h an	y of	the	follo	wing	g: (ci	ircle)	
Lifestyle Medie	Lifestyle Medicine Provider					Nut	ritior	nist		Health Coach	
Personal Trair	Personal Trainer			М	Mental/Behavioral Health Provider						
Other comments/co	nce	rns:									
Name:									_ D	ОВ:	