



5. What expectation do you have of me personally as your doctor?
  
  
  
  
  
  
  
  
  
  
6. What is your present level of commitment to address an underlying causes of your signs and symptoms that relate to your lifestyle (rate from 0-10. 10 being 100% committed)  
  
1 2 3 4 5 6 7 8 9 10 (most committed)
  
  
7. What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health? (please list)
  
  
  
  
  
  
  
  
  
  
8. What potential obstacles do you foresee as you address the lifestyle factors which are undermining your health and in adhering to the therapeutic protocols which we will be sharing with you?
  
  
  
  
  
  
  
  
  
  
9. Who do you know that will sincerely support you consistently with the beneficial lifestyle changes you will be making?