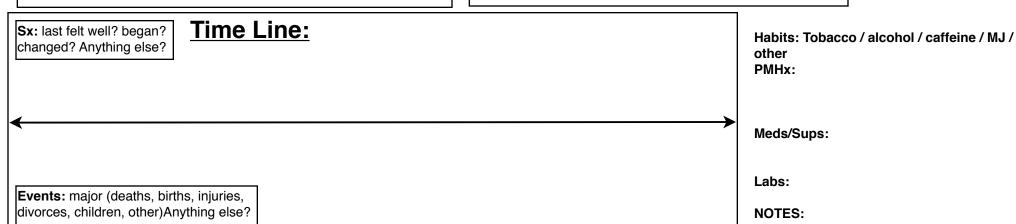
Pt Centered Goals: Magic Wand or Symptoms or Other

Strengths/Resources

Change: Importance II Confidence



Sleep	Food and Drinks	Movement	Stress
Go to bed?	First food?	How much?	←
Get to sleep?	Meals:		Low Moderate High
How often do you wake up and why?	B:	Do you have any formal exercise	
	L:	program?	Main Sources?
Hours are you in bed?	D:		
Hours are you sleeping?	snacks:		Relax, how?
	Servings of vegetables?		How often?
Satisfaction:	Satisfaction:	Satisfaction:	Does it work?
\leftarrow	$ \longleftarrow\rangle$	$ \longleftarrow\rangle$	
Poor Good Great	Poor Good Great	Poor Good Great	IM4Us Treatme

Average Day wake up____, then what

PLAY: What do you do for fun/pleasure/relaxation?

RELATIONSHIPS: Who do you connect with?

PURPOSE/MEANING: Do you have a spiritual practice? What brings you a sense of fulfillment?

RESOURCES: Where does your money come from?

ENVIRONMENT: FOOD ACCESS: MOVEMENT ACCESS:

ACCESS TO INTERNET/EMAIL:

IM4Us Treatment Pyramid				
Environment	Relationship	Resources		
	Patient Centered Goals			
	Internal Environment			
	Life Style			
·	Natural Therapies			
	Conventional Medicine			

Additional Provider Notes:

Change

Knowledge: Do they know what they need to do to be well/feel better/meet goals? /10

Importance: How important is it that they feel better? /10

Confidence: How confident are they that they can make the changes? /10 How confident that these changes will make

a difference? /10

Willingness: How willing are they to make changes in daily routine? /10

Food: timing/content/ portions	Other Notes
Movement: duration/ frequency/type	
Sleep: timing/quality	
Relaxation/Stress management	
Fun/Play/Pleasure/Reward	
Mental Health: attitude/ belief/identity	EXAM
Environment/Relationships/ Resources	
Supplements	
Manual Medicine/ Acupuncture	
Labs/Other	Global Notice