Hello and Welcome to Integrative Medicine Clinic at Vista!

You are receiving this letter because your primary care provider referred you to our consult clinic. He/she feels that you have health goals or a medical condition that can be addressed effectively using an integrative medicine approach.

Integrative medicine takes a holistic approach focusing on you and your life and then uses nutrition, movement, relaxation skills, herbs, supplements and other healing traditions to help you move towards your goals. Please fill out the paperwork as best you can because understanding you better as a person helps us to find solutions.

We serve as consultants to you and your provider; therefore, we do not typically see patients on a continuous basis. However, if your provider has any questions about our recommendation, we are more than happy to review them with him/her.

What to expect:
- More Comfortable Environment: We will meet in a larger room with water and tea available.
- Team Based Care: We believe in the benefits of team-based care. The care team may include other doctors, pharmacists, medical students, or health care workers.
- Concrete Steps: You can expect to leave with a plan to meet your health goals.
- Longer Visit: You can expect that the visit will also be longer than what you are used to, about 40 minutes.

We look forward to your visit!

Sincerely,

The Vista Clinic Integrative Medicine Team
**Patient Intake Questionnaire**

**Magic Wand**

imagine you had a magic wand and could change three things about yourself and your life.

*What would they be?*

1. 
2. 
3.

**Symptoms**

What 3 symptoms are most bothersome?

**Strengths/Resources**

(examples: What do you have in your life or do for yourself that really helps you? Is there anything you worked hard for and succeeded at? Is there anything you are most proud of?)

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**Time Line: What major events have happened in your life?**

**Above Line**
- When you last felt well?
- When each specific symptom began
- How symptoms have changed
- Anything else you think is important

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**Below line events**
- major events (deaths, births, injuries, divorces, children, other).
- Anything else you think is important
## Average Day

<table>
<thead>
<tr>
<th>Sleep</th>
<th>Food and Drinks</th>
<th>Movement</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>What time do you go to bed?</td>
<td>How soon after you wake do you have your first food?</td>
<td>How much do you move during the day?</td>
<td>Rate your stress?</td>
</tr>
<tr>
<td>How long does it take you to get to sleep?</td>
<td>How many times do you eat during the day?</td>
<td>Do you have any formal exercise program?</td>
<td>Low – Moderate – High</td>
</tr>
<tr>
<td>How often do you wake up and why?</td>
<td>How many servings of vegetables a day?</td>
<td>Rate your satisfaction with your movement?</td>
<td>What are your main sources of stress?</td>
</tr>
<tr>
<td>How many hours are you in bed?</td>
<td>Rate your satisfaction with what you eat</td>
<td>Rate your satisfaction with stress?</td>
<td>What do you do to relax?</td>
</tr>
<tr>
<td>How many hours are you sleeping?</td>
<td></td>
<td></td>
<td>How often do you do it?</td>
</tr>
<tr>
<td>Rate your satisfaction with your sleep</td>
<td></td>
<td></td>
<td>Does it work?</td>
</tr>
<tr>
<td>Poor – Great – Good</td>
<td>Poor – Great – Good</td>
<td>Poor – Good – Great</td>
<td></td>
</tr>
</tbody>
</table>

What do you do during the day? (example: I wake up at ______ and then I ______, and then I usually ______, and then I usually ______... and then I go to bed at __)

What do you do for fun/pleasure/relaxation?

Who do you live with or spend time with regularly?

What brings you a sense of fulfillment?

Do you have a spiritual practice?
If yes, please describe: