Patient Label



Before Your Visit With Us...

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und	derstanding neathpleting	of a p	atient ph	nysically	, menta	ally and	emotio	nally. Y	our tim		•			
1.	What are th	ne reas	sons you o	chose C	МВ Неа	lth Speci	ialties?							
	What do yo	u knov	w about c	ur appr	roach?									
2.	What three expectations do you have from this visit? 1. 2. 3.													
	What long term goals do you have for your health?													
	What exped	ctation	s do you	have of	me per	sonally a	ıs your p	hysician	?					
3.	What is you that relate t	•					•		_	es of you	ır signs aı	nd symp	otoms	
09	% ←	1	2	3	4	5	6	7	8	9	10	\rightarrow	100%	
4.	Who do you be making?		that will	sincere	ely suppo	ort you d	consister	ntly with	the ber	neficial li	festyle ch	nanges y	ou will	