



# Seattle Naturopathic and Acupuncture Center

Dr. Diane Lee, ND, L.Ac

## CONTEXT OF CARE

1. Why did you choose to come to this clinic?
2. What three expectations do you have for this visit to our clinic?
3. What long-term expectations do you have for working with this clinic?
4. What expectations do you have for me personally as your physician?
5. What is your present level of commitment to address any underlying causes of your signs and symptoms that relate to your lifestyle? (Please rate 1-10, 10 being 100% committed)
6. What behaviors or lifestyle habits do you currently engage in regularly that believe support your health?  
(Please list.)
7. What behaviors or lifestyle habits do you currently engage in regularly that you believe are detrimental to your health? (Please list.)
8. What potential obstacles do you foresee in addressing 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 who will sincerely and consistently support you with the beneficial lifestyle changes you will be making?
10. What do you LOVE to do?