

Dear,

I look forward to helping you achieve the wellness goal you are looking for! Please share with me the following info you are comfortable sharing?

Preferred Name:

Date of Birth:

Emergency contact info:

Contact info for person you authorize Blue Ridge Chronic Pain Center to share your info with (including primary care provider):

Medications (prescription/herbal/over the counter/supplements)?

height and weight

Have your medications changed in last 6 mos?

Who are your doctors? which one did you see in the last 6 mos?

Please tell me your story of your illness/reason for visiting me?

What treatments (drugs/interventions etc...) have helped you the most?

What treatments are you most disappointed in? Why?

Does anyone in your family receive treatment for depression? How are they doing?

Please tell me about your diet:

What do you eat?

When do you eat?

Do you smoke?

Do you drink alcohol (in general - how much/how often)?

Your Life:

Please tell me about your daily routine?

Exercise?

What activities do you do in nature (walks, biking, hiking, boating etc.)?

Please tell me about your thoughts regarding spirituality?

Would you like to share any specifics about a relationship in your life?

Stress management/potential toxic insults:

How do you deal with stress?

Are you aware of any trauma in your life (past or present)?

Are you aware of any toxic insults in your life (past or present)?

Sleep health:

How well do you sleep?

Do you feel rested when you awaken?

Do you take anything to help you sleep?

-----

Please share your goals for your office visit with me?

Blessing,

Dr Lee