

Name _____

Date _____

PRIMARY CARE-1

Please respond to the following questions.

1. What is the primary reason or reasons you are visiting today?

FOR DEMONSTRATION ONLY

2. What is the level of pain or distress associated with this condition or these conditions?

Please scale from 0 (lowest) to 10 (highest): _____

2a. Please tell us when and where it hurts: _____

3. What is the outcome you would like to achieve as the result of collaborating with your provider today?

FOR DEMONSTRATION ONLY

4. How have you been using your personal power to help yourself with this problem or condition?

5. What have you done in the past that has been most successful in helping you deal with this problem or condition?

FOR DEMONSTRATION ONLY
