



# PATIENT PROFILE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## WORKING TOGETHER

Who are you? List 5 words to describe your identity. (Examples – student, plumber, Republican, parent, wife, brother, Asian-American, LGBTQ, Jewish).

- 1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
 3.) \_\_\_\_\_ 4.) \_\_\_\_\_  
 5.) \_\_\_\_\_

When it comes to your health, healthcare, or wellbeing, what is most important to you?

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What do you want your provider to know about you?

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What would you like to know about your provider?

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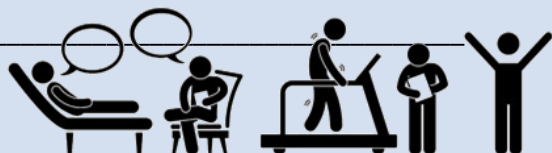
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## MY HEALTH BELIEFS

How much do you think the items below could impact your health negatively or positively? *Please circle your response to each question.*

0 (not at all)      3 (some)      5 (a lot)

Religion/spirituality	0	1	2	3	4	5
Meditation/prayer	0	1	2	3	4	5
Natural healers	0	1	2	3	4	5
Your doctor/provider	0	1	2	3	4	5
Family support	0	1	2	3	4	5
Friend support	0	1	2	3	4	5
Vitamins and minerals	0	1	2	3	4	5
Prescription medicines	0	1	2	3	4	5
Exercise	0	1	2	3	4	5
Food/drink	0	1	2	3	4	5
Stress	0	1	2	3	4	5
Workplace	0	1	2	3	4	5

Please describe any religious, spiritual, or cultural beliefs you have about health and healthcare? Culture is defined as a group of people with shared beliefs, values, and customs relating to food, medicine, activity, language, music, arts, traditions, social events, clothing, material belongings, and more.

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Overall, I consider myself to be...

0	1	2	3	4	5
(unhealthy)		(somewhat healthy)			(very healthy)

Improving my health is...

0	1	2	3	4	5
(not important)		(somewhat important)			(very important)

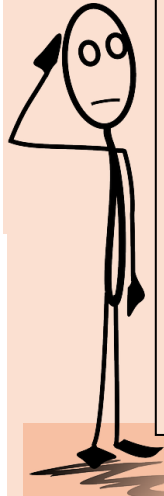
I feel confident in my abilities to manage my health...

0	1	2	3	4	5
(not confident)		(somewhat confident)			(very confident)

# MY PERSONALITY AND LEARNING STYLE

In the space provided, identify the degree in which the following characteristics or behaviors most accurately describes you.

0 - not at all    1 = somewhat    2 = mostly    3 = very much



Column 1	Column 2	Column 3	Column 4
<input type="checkbox"/> Like control	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Consistent
<input type="checkbox"/> Confident	<input type="checkbox"/> Visionary	<input type="checkbox"/> Calm	<input type="checkbox"/> Reserved
<input type="checkbox"/> Firm	<input type="checkbox"/> Energetic	<input type="checkbox"/> Non-demanding	<input type="checkbox"/> Practical
<input type="checkbox"/> Likes challenge	<input type="checkbox"/> Promoter	<input type="checkbox"/> Enjoys routine	<input type="checkbox"/> Factual
<input type="checkbox"/> Problem solver	<input type="checkbox"/> Mixes easily	<input type="checkbox"/> Relational	<input type="checkbox"/> Perfectionistic
<input type="checkbox"/> Bold	<input type="checkbox"/> Fun-loving	<input type="checkbox"/> Adaptable	<input type="checkbox"/> Detailed
<input type="checkbox"/> Goal driven	<input type="checkbox"/> Spontaneous	<input type="checkbox"/> Thoughtful	<input type="checkbox"/> Inquisitive
<input type="checkbox"/> Strong willed	<input type="checkbox"/> Likes new ideas	<input type="checkbox"/> Patient	<input type="checkbox"/> Persistent
<input type="checkbox"/> Self-reliant	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Good listener	<input type="checkbox"/> Sensitive
<input type="checkbox"/> Persistent	<input type="checkbox"/> Takes risks	<input type="checkbox"/> Loyal	<input type="checkbox"/> Accurate
<input type="checkbox"/> Takes charge	<input type="checkbox"/> Motivator	<input type="checkbox"/> Even-keeled	<input type="checkbox"/> Controlled
<input type="checkbox"/> Determined	<input type="checkbox"/> Very verbal	<input type="checkbox"/> Gives in	<input type="checkbox"/> Predictable
<input type="checkbox"/> Enterprising	<input type="checkbox"/> Friendly	<input type="checkbox"/> Indecisive	<input type="checkbox"/> Orderly
<input type="checkbox"/> Competitive	<input type="checkbox"/> Popular	<input type="checkbox"/> Dislikes change	<input type="checkbox"/> Conscientious
<input type="checkbox"/> Productive	<input type="checkbox"/> Enjoys variety	<input type="checkbox"/> Dry humor	<input type="checkbox"/> Discerning
<input type="checkbox"/> Purposeful	<input type="checkbox"/> Group oriented	<input type="checkbox"/> Sympathetic	<input type="checkbox"/> Analytical
<input type="checkbox"/> Adventurous	<input type="checkbox"/> Initiator	<input type="checkbox"/> Nurturing	<input type="checkbox"/> Precise
<input type="checkbox"/> Independent	<input type="checkbox"/> Inspirational	<input type="checkbox"/> Tolerant	<input type="checkbox"/> Scheduled
<input type="checkbox"/> Action Oriented	<input type="checkbox"/> Likes change	<input type="checkbox"/> Peace maker	<input type="checkbox"/> Deliberate

Source: <http://smalley.cc/images/Personality-Test.pdf>

Check as many that apply:

What do you like to do?

- Read
- Watch sports
- Exercise (walk, run, play sports, etc.)
- Other: \_\_\_\_\_
- Watch TV/Movies
- Listen to music

What's the best way for you to learn new things?

- Get someone to show you
- Read about it
- Listen to someone explain it
- Watch a video about it
- Figure it out on your own
- Other: \_\_\_\_\_

In what settings do you learn best?

- One-on-one conversations
- In small groups (2-5 people)
- In medium-sized groups (5-15 people)
- In large groups (15+ people)
- In the clinic/medical facility
- In a public facility (church, school, park, museum)
- At home
- Other: \_\_\_\_\_

Where do you go to learn about health?

Where does most of your information come from?

- Friends and family
- News (newspapers, TV)
- TV Shows (Dr. Oz, The Doctors, etc.)
- Other: \_\_\_\_\_
- Internet (WebMD, diabetes.org, etc.)
- Social Media (Facebook, Twitter, etc.)
- Your provider (doctor, PA, nurse)

Do you feel confident in your abilities to navigate the health care system (insurance, appointment, etc.)?

Please circle your response.

0	1	2	3	4	5
(not at all)	(a little/somewhat)			(very confident)	



# MY COMMUNICATION STYLE & PREFERENCES

What are your communication preferences? How would you like your provider to communicate with you?

"I appreciate when my provider (fill in the sentence)"... Check the boxes that apply most.

- Gives/Maintains eye contact
- Avoids eye contact
- Uses Visuals - chart on the TV monitor, illustrations, models
- Gives written instructions/step-by-step
- Allows me time to take notes
- Uses hand gestures
- Speaks softly
- Speaks loudly
- Speaks very slowly
- Asks direct, straight forward questions
- Gives direct, straight forward answers
- Gives me an opportunity to reflect/repeat back what I heard/understand
- Clarifies his/her understanding by reflecting/repeating back what I say
- Shares resources for me to learn more between visits
- Thoroughly explains medical terminology
- Other: \_\_\_\_\_

# FOOD LABEL

I feel comfortable reading a food label...

0	1	2	3	4	5
(not at all)		(a little/somewhat)		(very comfortable)	

Please use the food label to answer the questions below. This portion of the survey will help the provider know how he/she can help you in managing your healthcare.

If you eat the entire container of this food, how many calories will you eat? \_\_\_\_\_

If you are allowed to eat 60 grams of carbohydrates as a snack, how much of this food could you have? \_\_\_\_\_

You doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of this food. If you stop eating this food, how many grams of saturated fat would you be consuming each day?  
\_\_\_\_\_

If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving of this food? \_\_\_\_\_

If you were allergic to penicillin, peanuts, latex gloves, and bee stings, would it be safe for you to eat this food? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_

Source: [http://www.pfizer.com/files/health/nvs\\_flipbook\\_english\\_final.pdf](http://www.pfizer.com/files/health/nvs_flipbook_english_final.pdf)

**Nutrition Facts**

Serving Size ½ cup

Servings per container 4

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Amount per serving

Calories	250	Fat Cal	120
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	<b>%DV</b>
<b>Total Fat</b> 13g	<b>20%</b>
Sat Fat 9g	<b>40%</b>
<b>Cholesterol</b> 28mg	<b>12%</b>
<b>Sodium</b> 55mg	<b>2%</b>
<b>Total Carbohydrate</b> 30g	<b>12%</b>
Dietary Fiber 2g	
Sugars 23g	
<b>Protein</b> 4g	<b>8%</b>

\*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

THANK YOU!

We look forward to getting to know you and helping you reach your health goals.