



PATIENT PROFILE

Name: _____ Date of Birth: _____ Today's 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?

What do you want your provider to know about you?

What do you like to do? *Check all that apply.*

- Read
- Exercise (walk, run, play sports, etc.)
- Watch sports
- Watch TV/Movies
- Listen to music
- Play instruments
- Do arts and crafts
- Do house or yardwork (garden)
- Other: _____

What would you like to know about your provider?

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.

Overall, I consider myself to be healthy.

1	2	3	4	5
(strongly disagree)	(disagree)	(neutral)	(agree)	(strongly agree)

Improving my health is important.

1	2	3	4	5
(strongly disagree)	(disagree)	(neutral)	(agree)	(strongly agree)

I feel confident in my abilities to manage my health.

1	2	3	4	5
(strongly disagree)	(disagree)	(neutral)	(agree)	(strongly agree)

I feel confident in my abilities to navigate the health care system (insurance, appointments, etc.).

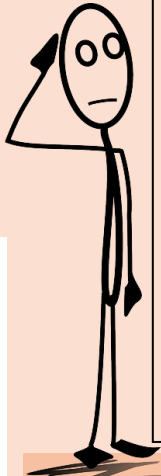
1	2	3	4	5
(strongly disagree)	(disagree)	(neutral)	(agree)	(strongly agree)

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:

When choosing a book to read for fun, what type would you pick?

- A book with lots of pictures in it
- A book with lots of words in it
- A book with word searches or crossword puzzles

In school, how did you usually study for a test?

- Read the book or your notes and reviewed pictures or charts
- Had someone ask you questions for you to answer out loud
- Made index cards to review

When you go to a party or event, what do you usually remember the next day?

- The faces of the people who were there
- The music that was played
- The dance moves you did and the food you ate

When you give someone directions to your house, what are you most likely to tell them?

- A description of buildings and landmarks they will pass on the way
- The names of the roads or streets they will be on
- "Follow me – it will be easier if I show you how to get there."

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 your information come from?

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



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.

1	2	3	4	5
(strongly disagree)	(disagree)	(neutral)	(agree)	(strongly agree)

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

Nutrition Facts

Serving Size ½ cup

Servings per container 4

Amount per serving

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

*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.