UW Integrative Health Department of Family Medicine and Community Health



Meet the Patient: You

Please fill in the blanks below:

(your name)	is a (your age	year-old _	(your profession)	who has been in practice for
	(your name	chose	e this profession	n for 3 main reasons:
(List the 3 main reasons you w	ent into your curr	ent profession.)	
1				
2				
3.				
When asked about work, about work are: (Describe				Some of the best things
The most challenging thin	ngs are: (Descri	be what limits y	you with doing you	r best work.)

UW Integrative Health Department of Family Medicine and Community Health



is exploring ways to bring greater attention to overall health, in (your name)
nis/her personal and professional life, by doing the following: