

Date _____ Patient Name _____ Patient No. _____

The Four Chiefs

Chief Condition:

Chief Disability: (lack of confidence, fear, discomfort, inconvenience, worry)

Chief Benefit: (opposite of disability)

Chief Fit Issue: (time, money, emotions, health)

New Patient Notes

Occupation: _____

Spouse/Family: _____

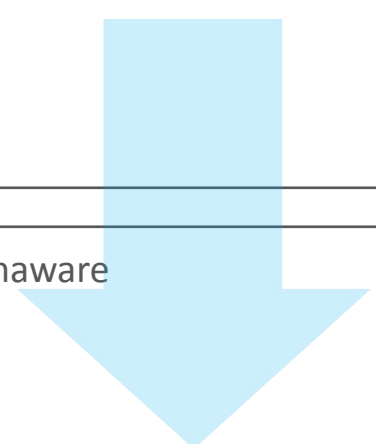
Schools/Neighborhood: _____

Hometown: _____

Hobbies/Vacations/Fun: _____

Examination Conditions

Aware 1



Unaware 2

Awareness

"I know you're aware..."
"Did you know..."

Consequences

"Patients like you..."

Concern

"I know you're concerned..."
"Does that concern you?"

Concerned 3

Unconcerned 4

Case Conversation

Benefit	
Fit	
Concerned	
Unconcerned	
Advocate Hand-off	



Treatment Plan/Notes