

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: _____

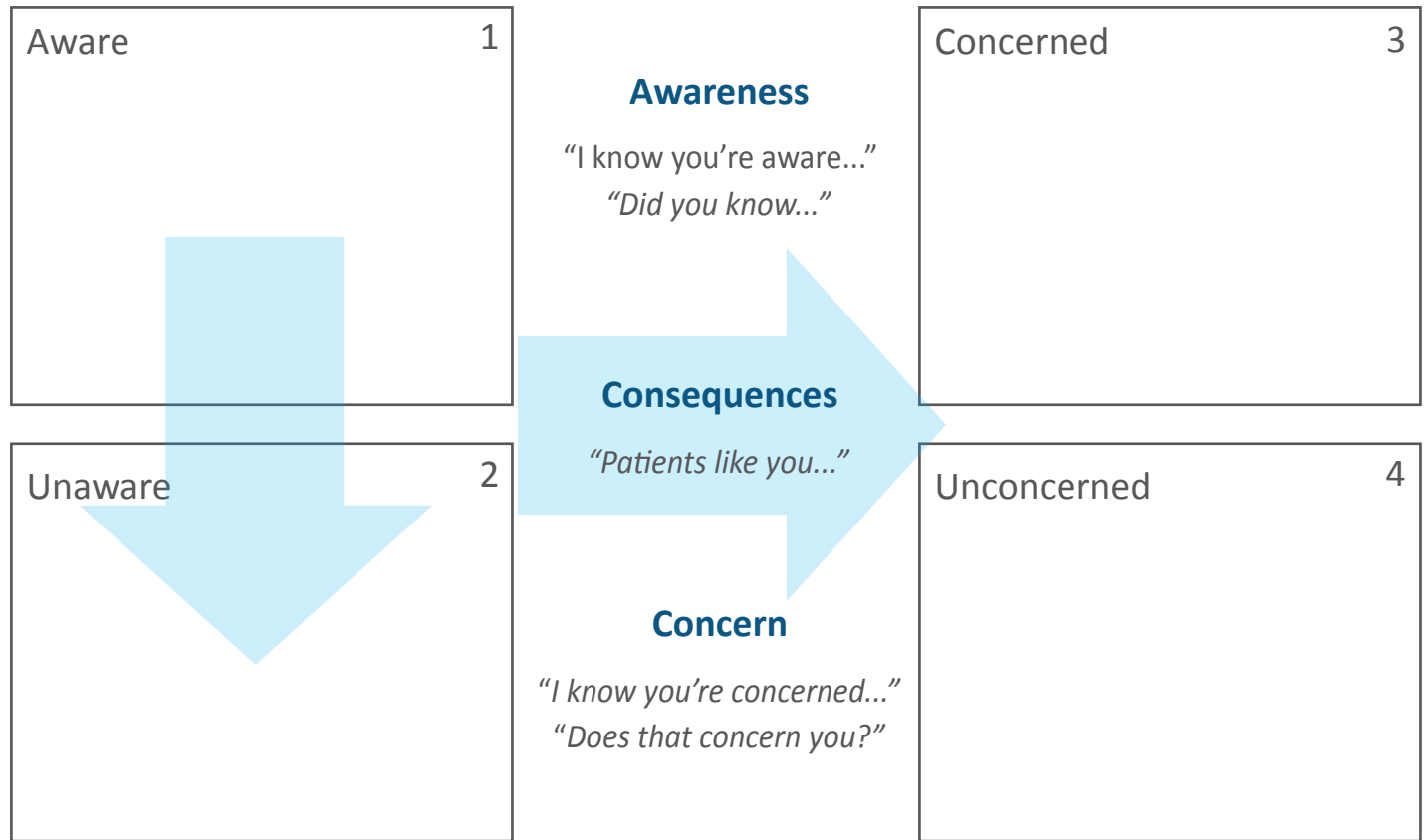
Spouse/Family: _____

Schools/Neighborhood: _____

Hometown: _____

Hobbies/Vacations/Fun: _____

Examination Conditions



Case Conversation

Benefit	
Fit	
Concerned	
Unconcerned	
Advocate Hand-off	