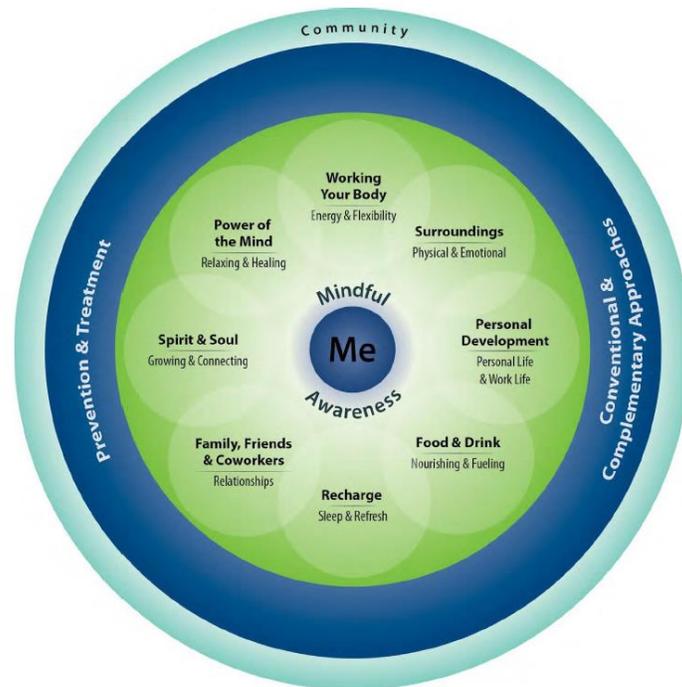


# WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of  
Personalized, Proactive, Patient-Driven Care

## Example of a Whole Health Note for Bob Clinical Tool



This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.

# WHOLE HEALTH: CHANGE THE CONVERSATION

## Example of a Whole Health Note for Bob Clinical Tool

This is an example of what a Whole Health visit note could look like for a patient named Bob, the sample patient discussed throughout the introductory modules of the Whole Health: Change the Conversation curriculum.

The format presented below most commonly would be used during a longer visit, such as a wellness visit. Some items, such as past medical history and problem list, may already be available in the chart and just need to be updated. **This note is more detailed than the average note might be in order to demonstrate potential content for every component of the Circle of Health. You will not always cover every topic.**

Some of the topics will only need to be covered infrequently. In many cases, a shorter SOAP-style (Subjective/Objective/Assessment/Plan) note can be used to update any subjective information that has changes since the last visit. Remember that the Personal Health Inventory (PHI) and Personal Health Plan (PHP) are also part of the record, and they can supplement what you dictate or type into a visit note.

This is just one way you might a note could be organized. What elements of the note template would you keep? What else would you like to add? What do you want to remove? After you review the sample note below, consider developing your own template. To get you started, a [Draft Template for a Whole Health Note](#) is provided.

WHOLE HEALTH: CHANGE THE CONVERSATION  
Clinical Tool: Example of a Whole Health Note

**Whole Health Note for: Robert (Bob) S.**  
**DOB: xx-xx-1946**

See also *Bob's Personal Health Inventory* (as completed by Bob) as well as the *Example of a Personal Health Plan for Bob*.

**Visit Date:** January 1, 2014

**Mission**

Hoping to give granddaughter away and stand in for the father-daughter dance at her wedding in 1 year. Spending time outside doing nature photography.

**Goals for Visit**

Here to seek guidance on improving physical stamina and eating habits. Following up on how he is doing with multiple chronic medical issues, most notably those related to mental health and cardiovascular disease risk.

**Assets/Positive Attributes**

Good relationship with family. Good track record of showing up for follow-up visits. Loves nature photography. Constantly reading health information online.

**Concerns**

*You may choose simply to refer to the problem list for more detailed medical and surgical history, or you could list them after this section. We fully acknowledge that it will take multiple visits by the members of Bob's team to fully address all of these, but they can be discussed briefly during a clinician visit with just a few being given priority.*

Current issues include:

- **Dyslipidemia**  
Diagnosed 5 years ago. His LDL is 160, triglycerides are 260, and HDL is 30. Acknowledges he tends to binge on carbohydrates, especially donuts. Has been using spreads with beta-sitosterol and is considering taking red rice yeast extract.
- **Hypertension**  
Blood pressures run 170s/90s. Notes they are better when he checks them at home by 10/5 mm Hg. Takes meds as prescribed. Is interested in trying a dietary supplement. Has done some reading about coenzyme Q10.
- **Obesity**  
His weight is 250 pounds. Body mass index is 30. This is his highest weight ever in his life. Tried ephedra before it was taken off the market. Has tried many different diets. Currently on the 17-Day Diet plan.
- **Insulin Resistance**  
Last fasting glucose was 120. Is considering taking chromium for this.

WHOLE HEALTH: CHANGE THE CONVERSATION  
Clinical Tool: Example of a Whole Health Note

- **Posttraumatic Stress Disorder**  
Has a few flashbacks a week. They interfere with his sleep. Often can deal with them by watching TV or exercising, which makes the way that his knee pain limits his activity even more frustrating for him.
- **Depression**  
Sometimes forgets to take his citalopram (maybe once a week). Denies suicidal ideation at this time and is willing to call if he develops worsening symptoms.
- **Chronic Pain from Osteoarthritis of the Knees**  
Worse as he gains more weight. Took a water-based exercise class 5 years ago and liked it. He takes 2400 mg of ibuprofen a day. Asks to know more about glucosamine and chondroitin as options.
- **Chronic Abdominal Bloating**  
The gastroenterologist diagnosed irritable bowel syndrome. Usually 3-4 episodes of very loose stool each day. Has never tried a probiotic. Not sure of any correlations with what he eats.
- **Insomnia**  
Bob sleeps 5-6 hours a night and is tired all the time. He uses an over-the-counter sleep aid to help some nights, and most nights he will drink a shot of whiskey before bed. Currently trying melatonin for this (see supplement list). Does startle awake at times and snores and sputters awake, according to his daughter.
- **Tobacco Use**  
Bob smokes 1½ packs daily and has for over 40 years. Interested in quitting.

*This above list represents both Bob's agenda for the visit, as well as the clinician's. Note that the 'History of Present Illness' for each one is woven in as well.*

**Family History and Other Family Information**

Estranged from mother, who also had DM2. Father deceased from colon cancer in his 70s. One brother who had an MI at age 62. Describes his father as “an angry alcoholic.” Some physical abuse. He left home at 17 to join the military. Daughter and son both healthy, though he only talks with his son a few times each year.

**Review of Systems**

Pertinent findings on full review include periodic headaches, worsening erectile dysfunction.

**Medications**

As per electronic medical record list, which is updated today. Includes atorvastatin, citalopram, ibuprofen, zolpidem as needed, hydrochlorothiazide, and lisinopril.

**Allergies**

No drug allergies. Wonders if his stools are looser if he eats dairy.

WHOLE HEALTH: CHANGE THE CONVERSATION  
Clinical Tool: Example of a Whole Health Note

**Dietary Supplements** (includes vitamins and herbs)

Melatonin 3 mg at bedtime. Has taken for 3 months.

Fish oil 1 gram three times daily.

Men's over-50 multivitamin daily. (The box, which he brings in today, shows it has appropriate levels of vitamins A and E and 600 IU of vitamin D3.)

**Substance Use**

Smokes 1½ packs daily. 60 pack-year history. Has tried nicotine patches in the past with some success. Tried kudzu without success for 2 months. (*Kudzu is a supplement that is used for addictive behaviors; data is limited.*)

Consumes an average of 2 alcoholic beverages daily, primarily at bedtime to help him sleep. No recreational drugs since trying marijuana in the 1970s.

**Social History**

*Again, this is the section that becomes most elaborate in a Whole Health visit.*

- **Living Situation**

Lives alone in a home he owns, with a “really smart” dog he adopted from a shelter. Talks with his daughter, JoAnne, daily. Sees grandchildren at least weekly. Not in contact with his brother or mother. Does have a few friends; closest is an old high school friend, Roger, who still lives in the area.

- **Education**

Finished high school and 2 years of technical college. Has taken 2 additional years of college credits since retiring from work as an electrician.

- **Military Experience**

Sergeant in the Army. Deployed to multiple sites in Vietnam from 1968 to 1973. Never a prisoner of war. No injuries during deployment. No exposures. No history of military sexual trauma.

- **Work and Hobbies**

Currently retired. Enjoys photography and home improvement.

- **Stressors**

Worries about having enough money. Worries about his daughter's family since she was widowed a few years ago. His health is his most pressing worry for the past several months.

## The Components of Proactive Health and Well-Being

*This assumes that the central circle, “Me”—the personalized piece—is an underlying element of this entire document and process.*

### **Mindful Awareness**

Interested in learning more. Feels his photography helps him stay more “tuned in” to the world around him. Is very aware of feeling out of breath when he is active. Has been evaluated and told he is just “deconditioned.” When asked what he feels in this moment, he notes that he feels nervous. He hates clinic visits because they bring back memories of going to visit his father’s deathbed. He realizes this makes him talk less during visits than he should.

### **Proactive Self Care**

- **Working Your Body**  
Exercises 1 or 2 times a week with calisthenics for 10 minutes. Walks his dog each evening. No previous experience with yoga. No current stretching/flexibility approaches. Enjoys being active. Has never worked with a trainer. No war-related injuries.
- **Surroundings**  
Home is clean. No risk factors for falls (rugs, irregular stairs, etc.). No major concerns in this area, except that he wants to keep up his wife’s flowerbeds. No known military exposures to Agent Orange or ionizing radiation.
- **Personal Development**  
Has been considering more continuing education classes. Does not have formal documents regarding his wishes at end of life, but is interested in creating a living will and formally designating a health care power of attorney (would be his daughter).
- **Food and Drink**  
Standard American diet with 4 servings of red meat or more weekly. 1-2 servings of fruits/vegetables daily. Eats a lot of carbohydrates and craves donuts, bagels, and “all things bread.” Skips breakfast most days. Currently on the 17-Day Diet. Atkins Diet worked well for a brief period. Periodically will do a “detox program” for a week, which helps his bowels.
- **Recharge**  
Sleeps an average of 5-6 interrupted hours nightly. Tired all the time. Naps for an hour or two each day as well. Watches TV and reads in bed. Uses an over-the-counter sleep aid or melatonin to help with sleep. Drinks a shot of whiskey most nights to relax before bed.
- **Family, Friends, and Coworkers**  
Would like to be in a romantic relationship again. Not interested in support groups. Rarely sees his son. One close friend, Roger.
- **Spirit and Soul**  
Prays regularly. Would consider returning to a faith community. He stopped going to church when he lost his wife, because he didn’t like that everyone

WHOLE HEALTH: CHANGE THE CONVERSATION  
Clinical Tool: Example of a Whole Health Note

felt sorry for him. Meaning and purpose comes from his family, from “feeling useful,” and from “making the world a better place.”

- **Power of the Mind**  
Tried some Transcendental Meditation back in the 1960s, but doesn’t have a routine relaxation practice now. Would be interested in exploring options. On discussing several, including hypnosis, breathwork, biofeedback, and progressive muscle relaxation, is most interested in breathwork and biofeedback, if available.

**Professional Care: Conventional and Complementary**

- **Prevention**
  - Up to date on all shots and screening tests.
  - Sees his primary care provider regularly.
- **Testing**  
Due for lipid testing, glucose follow-up.

*Can also insert relevant past studies here—for example, his last lipid panel or the results of a previous radiograph of the knees.*

- 
- **Medications and Supplements**
  - Medications and supplements as listed above.
- **Current Complementary Therapies**
  - Has weekly chiropractic visits if the arthritis in his back and neck flares up.
  - Sees a chiropractor outside the VA system, but would see one at his VA clinic if that were available.
- **Previous Complementary Experience**
  - Has never tried acupuncture, but read it might help his knee pain.
  - Also tried valerian, St. John’s wort, and high-dose vitamin B12 in the past.

**Community: Current Support Team**

**Principle Professionals**

- Primary care physician
  - Counselor (psychologist)
  - Gastroenterologist
  - Chiropractor who is out of system
- **Personal Support Team**
    - JoAnne, his daughter
    - Roger, friend

*For the Personal Health Plan that could be incorporated as the rest of this note, see **Example of a Personal Health Plan for Bob.***

WHOLE HEALTH: CHANGE THE CONVERSATION  
Clinical Tool: Example of a Whole Health Note

**Whole Health: Change the Conversation Website**

Interested in learning more about Whole Health?  
Browse our website for information on personal and professional care.

<http://projects.hsl.wisc.edu/SERVICE/index.php>

*This clinical tool was written by J. Adam Rindfleisch, MPhil, MD, Associate Professor and Director of the Academic Integrative Medicine Fellowship Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health, and Assistant Director and faculty for the VHA Whole Health: Change the Conversation clinical program.*