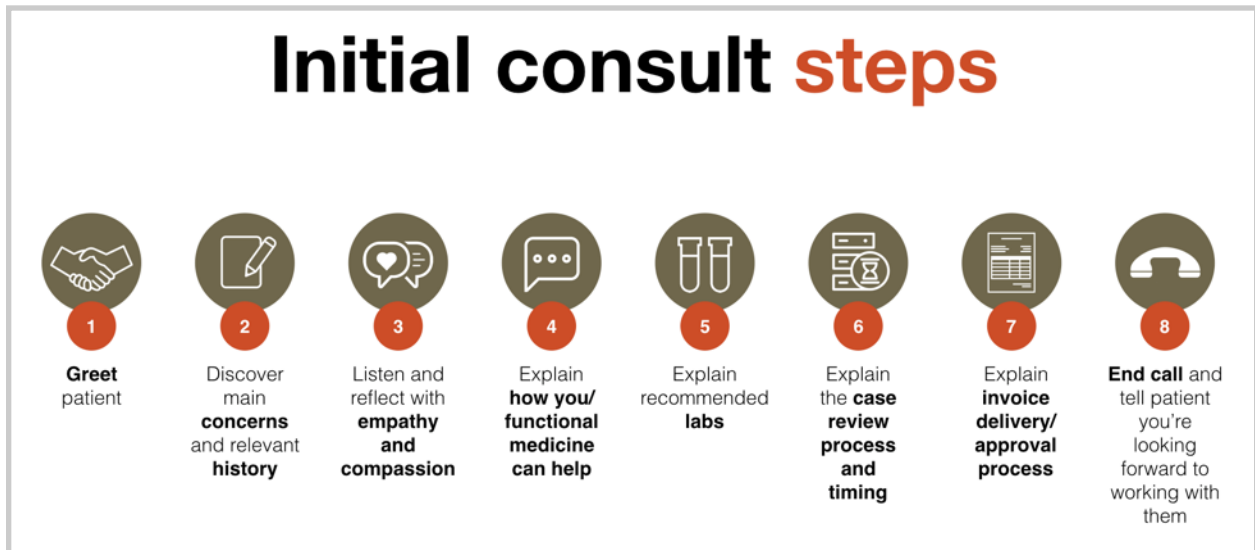


# The Initial Consult, Part 1

Hey, everybody, in this presentation I'm going to go into more detail on exactly what to cover during the initial consult. I'm also going to discuss how to follow up with patients after the initial consult, send the necessary lab orders and intake paperwork, and get them scheduled for the case review.



So let's start with an overview of the specific steps you take during the initial consult, and then we'll talk about them in more detail.

So the first would be greeting the patient in a friendly and warm way. Second would be discovering their main concerns and relevant history. The third would be listening and reflecting with empathy and compassion, and I can't emphasize enough how important that is because so many patients have not received that in the conventional medical paradigm, and they really need and want that more than anything else. Fourth is to explain how you in particular and functional medicine in general can help. Fifth would be to explain the recommended labs. Sixth would be explain the case review process and timing. Seven would be explain the invoice and delivery and approval process. And eight would be end the call and tell the patient you're looking forward to working with them.

So the first step, as I mentioned, is to greet the patient and establish a warm and welcoming connection. As I said, a lot of encounters patients have had before they come to see you in the conventional paradigm are often characterized by rushed, impersonal interactions, and many patients report not feeling seen or heard as a person, so this is your chance to provide them with a really different experience, and I guarantee you that if you do that, it will stand out and it will set the foundation for a really successful relationship.

## 2 questions to begin

1

What are your  
2-3 **main health  
concerns?**

2

What have you  
tried so far, and  
**how did it work?**

The next step is to ask the patient what their main concerns are, what they've tried so far for those concerns, and a little bit about their relevant medical history. So after the initial greet-and-chat connection, I would usually say something like, "Can you tell me what your two to three main concerns are? Give me a brief summary of what you've tried so far, and we'll go from there." It helps to be very specific, say two to three main concerns, you might even mention that there'll be plenty of time to go into great detail during the case review, and this is just a chance to get a sense of what their main concerns are, not every symptom, and to get a brief summary of what they've tried so far. And the main purpose of this appointment, you can say is to get a sense of whether you'll be able to help them and to determine what lab tests to order, not to do a comprehensive review of their health history. They'll have a great opportunity to do that in more depth than they've probably ever had in the case review appointment.

So as they relate their experience, your job is to listen with empathy and compassion. Again, this is something that most patients desperately need, and they'll appreciate it. If this kind of listening is new to you, I recommend a book called *Five Keys to Mindful Communication*. There are several other good options here, but this is one of the better ones. At the same time, you need to gently guide the conversation so you have time to accomplish everything you need to accomplish, and this is really the art of it, and it does require some practice and experience if you're new to it. You want to give them a chance to share their concerns, and this can get emotional, especially if they haven't had anybody listen with empathy and compassion before, but you can't spend the entire appointment on that, because you won't be able to do what you need to do. So I've found that if I do a little bit of reflection in addition to listening, they feel acknowledged and heard, but it allows you to be able to guide the appointment forward. So if the patient really just continues on and you're finding it difficult to know how to intervene, you can interrupt gently and say something like, "It really sounds like you've been through a lot. During the case review we're going to go into great detail about your health and medical history, and I'm going to learn everything I need to in order to help you, but during this initial consult, the main thing we need to do is first determine if I'm going to be able to help you and then determine what lab tests we need to order in order to get this case review process started." So something like that can be really helpful; most patients feel seen and heard by that, and that will help move things forward.

The next step is to explain how a functional medicine approach can effectively address the patient's primary concerns. Depending on your practice, some patients may not know much about functional medicine and how it can help, and this is your chance to explain it to them. If you've been in practice for some time, you could also share any relevant success stories, reflecting your work with other patients with similar concerns, and that can be inspiring and helpful for them, and even if you've had your own health challenges that are similar, you can share that. I know that some people feel uncomfortable with that level of sharing with patients and want to keep that more private, and that's fine, that's of course your prerogative. I've found that sharing a little bit of my own experience helps make it easier for patients to relate to me. They know I've been through something similar; they know that I have my own experience with some of the difficulty that they're feeling. It helps to create a bond and some trust, so I've been transparent all along with an audience of hundreds of thousands of people with my health issues, and so I don't find that to be challenging in a one-on-one situation with patients, but your mileage may vary, of course.

When sharing success stories with other patients, I am also transparent about the fact that I can't make any guarantees, I don't want to overpromise, I don't want patients to ... we have to manage their expectations, and so I think there's a fine line between being confident and optimistic, if you feel that way and if you believe you can help them, and also providing some kind of guarantee, which of course you can't, so I may say something like, "This is an issue that I have a lot of experience, we have a lot of success with it in the clinic; most of our patients get well or have a significant improvement. Of course, I can't make any guarantees, but this has been our experience so far." I might say it like that. So this gives a patient hope and it shows them that you're familiar with treating patients with similar issues.

Now of course, if you're just starting out and you haven't treated any patients and you haven't treated patients with those particular issues, you're not going to be able to say that. That's where relying on your own experience dealing with some of these issues can be really helpful. You can also mention that in the training that you've done and study that you've done with other clinicians or from the research literature, you know the treatments you use are evidence based and you use evidence-based diagnostic methods, and you know functional medicine offers an effective diagnostic and treatment plan for their particular condition.