

Please note: This is report is a SAMPLE only. All names and information appearing are fictitious; any resemblance to real persons, living or dead, is purely coincidental.

This is a sample of the printed version of the Patient Curriculum output report. The underlined text shown below represents active links, where upon completion of the actual online assessment, you will be directly to resources and information, giving you immediate access to help and education for issues causing you the most concern.

www.MyTherapySession.com

“DocPrep” Appointment Preparation Tool Sample Patient Curriculum Report

Summary of Your Health Promoting Behaviors

(This is personalized psychoeducational information that augments the medical information that you generated for your provider on **April 10, 2010 9:38 pm** EST. You have likely sent a copy of that other medical information to your provider in anticipation of your upcoming appointment.)

Nicotine

On 2010-03-19 13:07:43 you reported that you are/were a **Minimal** user of **Cigarettes** with **Low** concern about it. You reported that you last used **yesterday**.

Nicotine is still the behavior that kills the most people. You may have interest in [resources for smoking cessation](#).

Alcohol

On 2010-03-19 13:08:24 you reported that you are/were a **Minimal** drinker of **beer** with **Low** concern about it. You reported that you last used **Yesterday**.

You may have interest in [resources pertaining to alcohol use](#).

Others

You do not use illicit drugs or non-prescribed medication. Great.

Diet and Exercise

You saw your weight as being **About Right** and your appetite being **About Right**. Additionally, your Body Mass Index (BMI) is **27.1**. The healthiest possible weight range (as measured by the BMI) is between 20 and 25. If you find yourself out of this range, you may have interest in [resources for eating disorders](#) or [diet and exercise](#).

On 2010-03-19 13:07:04 you reported that you exercised by **Cross-Trainer** for **About 1 hour 5x per week** with **Minimal** concern about your level of exercise.

Government recommendations for minimal level of exercise are for at least 30 minutes of moderately strenuous exercise three days per week. If weight loss is desired, your exercise level would need to be considerably more. If you should find your physical activity to be outside of these recommendations, you may be interested in [diet and exercise information](#).

Sleep

You reported that you are getting about **8** hours of sleep and consider that to be **About Right**. When asked about what disturbs your sleep, you have reported . The healthiest range of sleep is probably between seven and eight hours per night (decreasing with age). If you are getting less than that amount, you may be interested in [educational resources for insomnia](#). If you find yourself sleeping excessively, you may wish to look at [stress and anxiety information](#) and/or speak directly to your physician about this.

Pain

You have no complaints of pain. You are fortunate. Enjoy.

The information and guidance that you have obtained using MyTherapySession.com is of great usefulness **to you personally**, as well as your provider. We sincerely hope these additional resources may be helpful and inspirational in your journey toward health and wellness. If you found that emotional needs have been identified here, you may be interested in augmenting this assessment with a more extensive one with even better feedback and guidance. Thank you for using MyTherapySession.com. Please visit <http://www.MyTherapySession.com> for additional information.