



Lifestyle Medicine Certification – Case Study Template for MDs and DOs

Your full name								
Patient information	Age / Sex							
	Diagnoses							
	Biometrics		weight	BP
		pre						
		post						
	Relevant Medication			Dosage Before Intervention		Dosage After Intervention		
LM intervention	Nutrition							
	Movement							

Case Study Instruction

Please summarize the case of a patient (can be yourself) to whom you prescribed lifestyle change as the primary treatment for one or more chronic diseases. Provide:

- *a brief history or background about the patient and the assessment*
- *the types, intensity (length), and frequency of interventions offered (counseling, group visits, digital apps, phone support, dietician visits, etc.)*
- *lifestyle areas of focus (nutrition, movement, social connection, stress management/emotional well-being, or sleep)*
- *lifestyle change results, such as level of increase in movement in frequency/minutes per week; frequency/amount of plant based meals added; other dietary changes; increase in sleep; stress management activities added*
- *health outcomes, such as decrease in hospitalizations, symptoms, improved vital signs and key labs, and decrease/change in medications*
- *patient's view of changed/improved quality of life and life satisfaction*