



Wellness Checkpoint 1

Name: _____ **Date:** _____

Please answer the questions to the best of your ability. We will review any answers that you are not sure of.

1. What is considered the "Master System" which controls the entire body?

2. What is the name of the condition where the spinal column interferes with the "Master System?" _____
3. What is the only reason why someone would receive a chiropractic adjustment?

4. On a scale of 0% to 100%, with 100% being completely pain-free and resolved, how much improvement would you give yourself thus far? _____
5. What symptoms (if any) still occur? _____
6. Life Completely Out of Balance _____ All Areas of Life In Excellent Balance
 |_____|
 Please place an "X" on the line above to indicate your current level of balance
7. What changes have you seen in your quality of life?

_____ Stronger	_____ More Relaxed	_____ More energy
_____ Sleep Better	_____ Emotional Stability	_____ Better Family Life
_____ Improved Diet	_____ More Alert	_____ Better Work Life
8. Do you find it easier: (please check all that apply)

_____ Walking	_____ Bending	_____ Standing
_____ Lifting	_____ Sitting	_____ Running
9. Do you intend to continue care to avoid problems in the future? _____ Yes _____ No
10. What do you think is the greatest misconception about Chiropractic, and when mentioned, how do you explain the truth of it? _____

11. How and what are you doing to address the psychological and bio-chemical stresses in your life? _____

Patient Signature _____ **Date** _____