



## Wellness Checkpoint 2

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. Describe the body's Innate Intelligence. \_\_\_\_\_  
\_\_\_\_\_

2. What are the **Three** main causes of vertebral Subluxation? \_\_\_\_\_  
\_\_\_\_\_

3. What does a vertebral subluxation do to the work of Innate Intelligence? \_\_\_\_\_  
\_\_\_\_\_

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. Which phase of care do you think that you are in?  
 Active (Symptomatic Relief/Correction)       Passive (Wellness)

10. Do you intend to continue care to avoid problems in the future?  Yes  No

11. When you tell others about Chiropractic, what do you tell them? \_\_\_\_\_  
\_\_\_\_\_

12. Do you have any suggestions on how we could improve our office in order to make you more comfortable here? \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_