



## Wellness Checkpoint 3

**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 % of tissues and organs in the body are under the direct influence of the nervous system? \_\_\_\_\_

2. How often can a vertebral subluxation re-occur in a person's life? \_\_\_\_\_  
 \_\_\_\_\_

3. Should a child be checked for subluxation? If so, why? \_\_\_\_\_  
 \_\_\_\_\_

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. Who do you wish was under Chiropractic care? \_\_\_\_\_  
 \_\_\_\_\_

12. Is there anything that we could improve about our office so that you would feel more comfortable referring others here? \_\_\_\_\_

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