



Wellness Checkpoint 4

Name: _____ **Date:** _____

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

1. Do you understand why only a Chiropractor should adjust your spine? If so, why?

2. Do you feel like you are improving since your last exam? Please explain. _____

3. Do you have any concerns about your health that you would like us to address today? If so, please explain. _____
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 others ask why you are seeing a Chiropractor, what is it that you tell them?

Patient Signature _____ **Date** _____