



Wellness Checkpoint 5

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 the difference between feeling good and being healthy?

2. What things do you hope to do as your health is regained? _____

3. How has your family life changed since being under chiropractic care? _____

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. What unexpected changes have occurred since being adjusted regularly? _____

Patient Signature _____ **Date** _____