

## WELLNESS SURVEY

### PATIENT INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 CELL # \_\_\_\_\_ DAYTIME # \_\_\_\_\_ EVENING # \_\_\_\_\_  
 EMAIL \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CIRCLE ONE MALE FEMALE  
 EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

### CHECK ANY OF THE FOLLOWING BODY WARNING SIGNALS THAT YOU HAVE EXPERIENCED IN THE LAST 6 MONTHS

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> LOW BACK PAIN            | <input type="checkbox"/> SHOULDER PAIN            | <input type="checkbox"/> NUMBNESS/TINGLING IN ARMS |
| <input type="checkbox"/> PAIN BETWEEN SHOULDERS   | <input type="checkbox"/> HIP PAIN                 | <input type="checkbox"/> NUMBNESS TINGLING IN LEGS |
| <input type="checkbox"/> NECK PAIN                | <input type="checkbox"/> KNEE PAIN                | <input type="checkbox"/> DIZZINESS                 |
| <input type="checkbox"/> HEADACHES/MIGRAINES      | <input type="checkbox"/> NERVOUSNESS              | <input type="checkbox"/> HAND/WRIST PAIN           |
| <input type="checkbox"/> ANKLE/FOOT PAIN          | <input type="checkbox"/> ARTHRITIS                | <input type="checkbox"/> NUMBNESS IN ARMS OR HANDS |
| <input type="checkbox"/> ALLERGIES/SINUS PROBLEMS | <input type="checkbox"/> TIRED/FATIGUED           | <input type="checkbox"/> DIFFICULTY SLEEPING       |
| <input type="checkbox"/> DIGESTIVE PROBLEMS       | <input type="checkbox"/> TENSION ACROSS SHOULDERS | <input type="checkbox"/> LOW ENERGY/FATIGUE        |

OTHER: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### THIS INTERFERING WITH (please circle)

- EXERCISE    RECREATION    WORK    SLEEP    RELATIONSHIPS    MOODS    ENERGY

OTHER, PLEASE EXPLAIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF YOU CHECKED ANY OF THE ABOVE ITEMS, THEN YOU COULD BE SUFFERING FROM UNIDENTIFIED NERVE INTERFERENCE. THE PRESENCE OF NERVE IMPINGEMENT CAN RESULT IN DECLINING HEALTH, COMPOUNDING STRESS ON YOUR BODY AND EVEN PERMANENT SPINAL DEGENERATION.

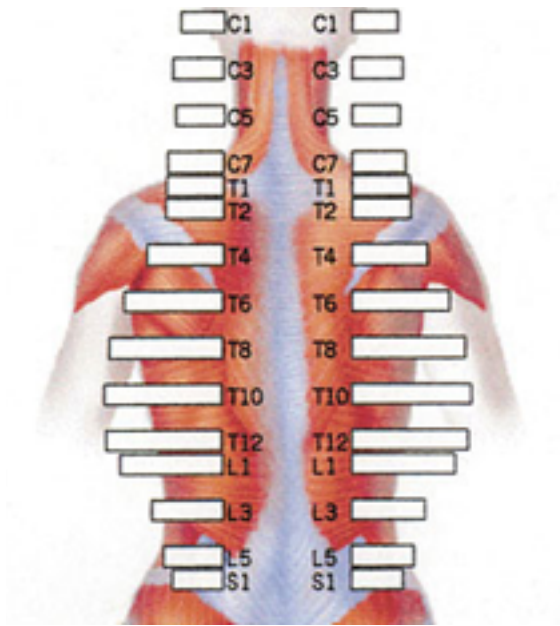
WOULD YOU LIKE TO HAVE YOUR NERVOUS SYSTEM CHECKED TO ADDRESS THE PROBLEM?  YES  NO

### IF YES, PLEASE CHECK ONE OF THE FOLLOWING:

- I WOULD LIKE TO COME GET A COMPLETE EVALUATION TO SEE IF I AM SUFFERING FROM NERVE INTERFERENCE AND IF CHIROPRACTIC CAN HELP ME.
- I WOULD LIKE FOR THE DOCTOR TO CALL ME TO DISCUSS MY HEALTH PROBLEMS BEFORE MAKING AN APPOINTMENT.

## MY SCAN FINDINGS:

THE MARKED AREAS INDICATE THE PRESENCE OF NERVE INTERFERENCE AND THE NEED FOR CHIROPRACTIC CARE.



### NECK (C1-C7)

Headaches, Fainting, Ear Pain, Dizziness,  
Sinus Trouble, ADD/ADHD, Allergies,  
Numbness & Tingling in Hands/ Arms,  
Shortness of Breathe, Migraines

### MID BACK (T1-T12)

Respiratory Difficulties, Asthma, Gall Bladder  
Trouble, Stomach Trouble, Indigestion,  
Bloating, Ulcers, Gastritis, Abdominal Pain

### LOW BACK (L1-L5)

Constipation, Intestinal Conditions, Gas  
Pains, Low Back Pain, Pain/Numbness In the  
Legs or Feet, Menstrual Cramping, Bladder  
Difficulties, Knee Pain, Hip Pain

## POSTURAL ANALYSIS:

THE POSTURE ANALYSIS TOOL SHOWS YOU AND THE DOCTOR EXACTLY HOW GOOD OR BAD YOUR POSTURE IS AND WHAT NEEDS TO BE WORKED ON TO IMPROVE IT. OUR POSTURES PLAY A HUGE PART IN THE HEALTH OF OUR SPINE SO THIS TOOL IS VERY USEFUL.

