STANMORE CHIROPRACTIC CLINIC

CHIROPRACTIC • ACUPUNCTURE • MASSAGE • PODIATRY • CHIROPODY

Practice Member Name _____ Date _____

Re – Exam 2

1. How do you classify your overall health improvement so far since beginning your care?

   Excellent Good Fair Poor

2. How do your adjustments feel? _____

   _____

3. Are you pleased with your care? _____

   _____

4. Please define **chiropractic** _____

   _____

   _____

5. What are the potential causes of your **subluxations**? _____

   _____

   _____

6. Have you attended the Spinal Care Class? Yes ____ No ____

7. What changes have you noticed since your last evaluation? (circle those indicated):

o more energy	o better concentration	o improved digestion
o deeper breaths	o deeper relaxation	o more balanced posture
o better sleep	o more emotional balance	o improved strength and endurance
o less pain	o no pain	o decreased headaches
o reduced medication	o eliminated medication	o more resistant to disease
o less stress	o overall health improvement	o greater range of motion

8. Is there any way we could improve our service to you? _____

   _____

9. Would you like us to provide chiropractic information to a friend or relative?

   Name _____ Contact Info _____

   Relation to you _____ Any health concern? _____

Practice Member's Signature _____

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