

# STANMORE CHIROPRACTIC CLINIC

CHIROPRACTIC • ACUPUNCTURE • MASSAGE • PODIATRY • CHIROPODY

Practice Member Name \_\_\_\_\_ Date \_\_\_\_\_

## RE - EXAM 5

*Please answer the following questions to the best of your ability.*

1. What was the main reason you first visited our office? How did you meet us? Any health concerns?
2. What was your initial care plan? What is it now?
3. What wellness benefits have you received from regular chiropractic care?
  - more energy
  - deeper breaths
  - better sleep
  - less pain
  - reduced medication
  - less stress
  - better concentration
  - deeper relaxation
  - more emotional balance
  - no pain
  - eliminated medication
  - overall health improvement
  - improved digestion
  - more balanced posture
  - improved strength and endurance
  - decreased headaches
  - more resistant to disease
  - greater range of motion

OTHER \_\_\_\_\_
4. What wellness/lifestyle recommendations has your Chiropractor offered you, if any?
5. What was your original understanding of chiropractic and how has it changed since then?
6. Are there any recommendations you have on how to improve our service to you? (i.e. staff, office hours, fees, etc.)
7. Have you referred to our office for chiropractic care? If so, did you receive a thank you?

Practice Member's Signature \_\_\_\_\_

