

WELLNESS QUESTIONNAIRE

Please answer the following questions as accurately as possible.

1. On a scale from 1-10 (with 10 being most serious), rate how serious you are about getting healthy and staying healthy.
2. Are you familiar with chiropractic? And when was your last visit?
3. Are you familiar with applied kinesiology?
4. Are you familiar with acupuncture?
5. If needed, are you willing to change your diet?
6. Are you currently taking any vitamins?
7. If needed, are you willing to take nutritional supplements?
8. If needed, are you willing to follow through with at least 3 months of treatment?
9. If needed, are you willing to start an exercise program?
10. If you are a vegetarian, are you willing to change your diet to include animal sources of protein?
11. How often do you go to the dentist?
12. Have you had dental work recently?
13. How often do you get the oil changed in your car?

I am also acknowledging that it has been explained to me that this office uses experimental procedures.

Signature _____

Date _____