Namasté Chiropractic

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Patient Evaluation Questionnaire

Patient Name: _____ Date: _____

1. Please rate on scale how serious you are about getting well (circle number).

   0 1 2 3 4 5 6 7 8 9 10
   Not Serious Very Serious

2. Would you prefer: (Please circle):
   A. Temporary Symptom Relief
   B. Correction of Cause of Health Problems

3. Are you willing to follow a treatment program designed to help you return to health for at least ***three months***?
   A. Yes
   B. No

4. Are you willing to take nutritional and/or homeopathic supplements?
   A. Yes
   B. No

5. Are you willing to make dietary changes?
   A. Yes
   B. No

6. Are you willing to start a moderate exercise program?
   A. Yes
   B. No

7. Please rate on scale how serious you are about staying healthy after your initial intensive care.

   0 1 2 3 4 5 6 7 8 9 10
   Not Serious Very Serious

8. Are you familiar with Muscle Response Testing?
   A. Yes
   B. No
   C. Very little (somewhat)

9. Please rate your stress on scale.

   0 1 2 3 4 5 6 7 8 9 10
   Not Serious Very Serious

10. Do you currently wear orthotic supports in your shoes?
    A. Yes
    B. No

11. Do you have Hot/Cold packs for therapy at home?
    A. Yes
    B. No