

# STANMORE CHIROPRACTIC CLINIC

CHIROPRACTIC • ACUPUNCTURE • MASSAGE • PODIATRY • CHIROPODY

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

## Re-Exam 1

1. What was the main reason you first visited this office? \_\_\_\_\_  
\_\_\_\_\_
  2. How do you classify your overall health improvement so far since beginning your care?  
Excellent                      Good                      Fair                      Poor
  3. On a scale of 1 to 10, with 10 being the best, how would you rate your improvement? \_\_\_\_\_
  4. Please define **subluxation** \_\_\_\_\_  
\_\_\_\_\_
  5. What changes have you noticed since beginning care in this office? (circle those indicated):  
Stronger              More Relaxed              More Alert              Less Nervous  
Sleep Better              Appetite Improved              More Pain              Less Pain
  6. Do you find it easier (circle those indicated):  
Walking              Riding              Working              Bending  
Sitting              Lifting              Sleeping              Standing
  7. Is there any confusion or question about any phase of your progress? \_\_\_\_\_  
\_\_\_\_\_
  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 \_\_\_\_\_

