



Aaron's Plaza
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Oakdale, PA 15071
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Lifestyle-Based[®] Re-Evaluation Questionnaire

Please complete this form as accurately as possible. Your answers will help us determine how to better serve you.

Name (Please Print): _____

1. What is your primary health goal at this time? _____
2. Rate your diet at this time: Poor Good Excellent
3. Rate your rest at this time: Poor Good Excellent
4. Rate your exercise regularity at this time: Poor Good Excellent
5. Please rate your level of stress: (LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)
6. What changes in health and/or performance have you noticed since beginning chiropractic care in this office? In what way do you feel chiropractic care has enhanced your health and/or life?

7. What "abilities to experience" below are most important to you at this time? (Check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Better Sleep | <input type="checkbox"/> More Energy | <input type="checkbox"/> Better Concentration/Focus | <input type="checkbox"/> Better health |
| <input type="checkbox"/> Enjoying the kids more | <input type="checkbox"/> Heal injury or illness | <input type="checkbox"/> A More Enjoyable Retirement | <input type="checkbox"/> Handle stress better |
| <input type="checkbox"/> Fight Illness & Disease | <input type="checkbox"/> Better Nutrient Absorption | <input type="checkbox"/> Better Moods | <input type="checkbox"/> Enjoy Sports & Activities/Exercise |
| <input type="checkbox"/> Looking & Feeling Younger | <input type="checkbox"/> Improved Confidence | <input type="checkbox"/> A Strong Immune System | <input type="checkbox"/> Better Memory |

8. Have you followed the recommendations offered to you? YES NO
9. Have you missed any visits? YES NO
10. Are you improving your diet and exercise? YES NO
11. Are you participating in one of our maintenance care memberships? YES NO
12. Have you attended one of our **FREE orientations**? YES NO

13. What is your overall satisfaction with the service you're receiving at Doctor V Chiropractic Center, Inc.?

(Not Satisfied) 1 2 3 4 5 6 7 8 9 10 (Very Satisfied)

14. How can we improve our service and/or the office to better serve you? (We're counting on you to be 100% open and honest with us.)

Please Sign/Type Your Name Here: _____

Date: _____

Instructions: As an option, you can email this completed form to Info@ChiropracticLovesMe.com or bring it with you to your next visit.