



Dynamic Assessment

Name: _____

Date: _____

Please provide any updates to your address, home and work phone numbers, and email address _____

Our goal is to offer the very highest quality chiropractic care possible. Please help us by responding to these questions about your progress.

Care

What changes have you noticed since beginning care?

On a scale of one to ten, rate YOUR overall level of improvement.

No change

Major change

1 2 3 4 5 6 7 8 9 10

Would you say your improvement is (*Circle best answer*)

- A.** Progressing at the speed you expected
- B.** Taking longer than you expected
- C.** Occurring much faster than you expected
- D.** It's a process-certain days are better than others

In your own words what is a *subluxation* and how does it affect your health?

What is your main goal in coming here?

Why is that important to you (i.e., how will your life be better and what will you do once this is accomplished)?

Physical Stress

Avg. # hours of sleep per night _____ Position: __Back__ Stomach __Side
Good quality? []Yes []No If no, why not? _____

Hours in car per day _____ Do you use a support in the car? []Yes []No

Occupation _____ Hours per day: Sitting ____ Standing ____

Do you travel with your job? []Yes []No
If yes, how often and for how long?

Please *briefly* describe your duties.

Do you do any regular structured exercise? []Yes []No
If yes, what kind and how often?

Chemical Stress

Meals per day _____ If less than 3, which one(s) do you skip? _____

Servings per week: Fruit ____ Veggies ____ Whole Grains ____ Dairy ____
Meats (beef, pork, poultry, seafood) ____ Sweets (all) ____

Times per week food bought out (including cafeteria) _____

8 oz. glasses of **plain water** per day ____ Source: Bottled, Tap, Filtered, Distilled
Other beverages (list types and # per day) _____

Do you add or use artificial sweeteners? []Yes []No Which one(s) _____

Do you take nutritional supplements? []Yes []No Please list what you take:

Please list any medication you take (OTC or Prescription) and what they are for:

Emotional Stress

Please rate your **overall** level of stress, 0-10 (10 high)

Currently, at work/school _____ at home _____

Please rate each category for stress, 0-10 (10 high)

- _____ Personal relationships (spouse, family, friends, etc.)
 - _____ Work/business relationships
 - _____ Your job itself
 - _____ Finances
 - _____ Health
 - _____ Uncertainty of the future
 - _____ Other (Please explain) _____
-

Do you like your present job? [] Yes [] No [] It's "OK"

If time, money, schooling, etc., did not matter, and you could be assured of making a good living, would you still do the job you're doing now? [] Yes [] No
If no, what would you do instead (i.e., what is your *fantasy* job)?

How happy are you 0 to 10 (10 = very happy) _____

If you could change just **one thing** in your life to raise your number just 1 higher, what would it be?

Do you do any deep breathing exercises regularly? [] Yes [] No

Do you take time to pray or meditate regularly? [] Yes [] No

How often? _____ How long? _____

Do you do anything specific on a regular basis to encourage a positive mental attitude? []

Yes [] No If yes, briefly explain _____

STAFF

How would you rate the concern shown by our staff?

Uninterested

Deeply Concerned

1 2 3 4 5 6 7 8 9 10

If not a 10, what would need to happen for it to be a 10?

How would you rate the training, qualifications and competency of our staff?

Unorganized

Knowledgeable

1 2 3 4 5 6 7 8 9 10

If not a 10, what would it take for it to be a 10?

What do you like most about our office?

We strive to fully inform our practice members about their care and explain chiropractic as it relates to their health. How would you describe our educational efforts? (*Circle best answer*)

- A. Excellent, I've learned a lot
- B. Helpful and interesting
- C. Still leaves some questions unanswered
- D. Could be significantly improved
- E. Waste of patient's and staff's time

Are you or a family member currently subscribing to our monthly email newsletter?
___ Yes ___ No To subscribe, please provide your email address: _____

SUPPORT

What kind of comments have you heard from your friends and family when you've told them about seeing a chiropractor?

What has been your greatest difficulty when explaining chiropractic to others?

As with all private professionals, our practice is built upon referrals. We realize it is nearly impossible for us to REACH, TEACH and TOUCH all of the people in the valley by ourselves. That is why *we are asking for your help*. You may be the only connection a family member or friend may have to our office. Please share with them what is possible if their nerve system is free from interference. We will send them a letter with a packet of information that explains how chiropractic may be able to help them. Thank you for *caring*.

Name: _____ Address: _____

Phone: _____ Health concerns: _____

Name: _____ Address: _____

Phone: _____ Health concerns: _____

Name: _____ Address: _____

Phone: _____ Health concerns: _____

Please mention any other general comments about our office: