



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Tell us what's better:**

- |   |  |
|---|--|
| <input type="checkbox"/> Clearer thinking       | <input type="checkbox"/> Active living               |
| <input type="checkbox"/> Fewer colds/flu        | <input type="checkbox"/> Stronger                    |
| <input type="checkbox"/> Fewer allergy signs    | <input type="checkbox"/> More restful                |
| <input type="checkbox"/> More positive attitude | <input type="checkbox"/> More alert                  |
| <input type="checkbox"/> Better immunity        | <input type="checkbox"/> Higher level of energy      |
| <input type="checkbox"/> Less dizzy             | <input type="checkbox"/> Better grades/performance   |
| <input type="checkbox"/> Better balance         | <input type="checkbox"/> Better moods                |
| <input type="checkbox"/> Handle stress better   | <input type="checkbox"/> Sleeping better             |
| <input type="checkbox"/> More flexible          | <input type="checkbox"/> Improved taste/smell        |
| <input type="checkbox"/> Fewer neck aches       | <input type="checkbox"/> Better hearing              |
| <input type="checkbox"/> Less joint pain        | <input type="checkbox"/> Improved elimination        |
| <input type="checkbox"/> Walk easier            | <input type="checkbox"/> Better athletic performance |
| <input type="checkbox"/> Sit easier             | <input type="checkbox"/> Clearer vision              |
| <input type="checkbox"/> Stand easier           | <input type="checkbox"/> Improved blood pressure     |
| <input type="checkbox"/> Lift easier            | <input type="checkbox"/> Less indigestion            |
| <input type="checkbox"/> Driving is easier      | <input type="checkbox"/> Less pain                   |
| <input type="checkbox"/> Fewer headaches        | <input type="checkbox"/> More regular menstruation   |
| <input type="checkbox"/> Taking less medication | <input type="checkbox"/> Less painful periods        |
| <input type="checkbox"/> Easier breathing       | <input type="checkbox"/> Fewer ear infections        |
|   | <input type="checkbox"/> Better bowel function       |

How many times per week are you doing your spinal correction exercises (stretches, traction, and core work)

1-2      3-5      never

How many times per week are you exercising other than your spinal exercises?

1-2      3-5      never

Are you currently receiving our monthly email newsletter? If not, enter your email address:

\_\_\_\_\_

Do you have a question or comment for your doctor?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tapio Videman was a Finnish researcher who was the first to discover that when you have a subluxation you have 11-13 days before permanent cellular damage occurs. What is your current frequency of care? \_\_\_\_\_**

What is your desire for ongoing care? The Doctor will be making his recommendations for care; but please **check ✓** the option that you would prefer for your next year of your care:

- WEEKLY WELLNESS CARE** - typically designed for those with uncorrected spinal curves who are still interested in corrective care or for those with a lifestyle requiring weekly care (All the team and Doctors at Family Chiropractic Centre and their families)  
**Includes:** ONE pre-scheduled adjustment per week  
Re-examinations as required  
Re X-Ray as required
- BI-WEEKLY WELLNESS CARE** – typically designed for the patient who has fully corrected their spinal curves; is already being adjusted every two weeks; or for those wishing to move to this frequency  
**Includes:** ONE pre-scheduled adjustment every TWO weeks  
Re-examinations as required  
Re X-Ray as required
- CARE AS RECOMMENDED BY THE DOCTOR** - Designed to co-ordinate with the doctor's recommendation based on your X-Ray findings. This would be either the weekly or biweekly wellness care option.

*Please turn over to complete side two*

## Review of Your Results

Each year the doctor chooses to review your findings and offers an advanced workshop at the same time. This is incredibly valuable for your healing and helps shape your vision for your health going forward.

Please check off all appropriate topics from the list below:

\_\_\_\_\_ Please review my exercise responsibilities

\_\_\_\_\_ What vitamins or supplements do you recommend for me?

\_\_\_\_\_ I would like a free Health Pass to have a family member or friend checked for subluxation.  
The certificate allows them an initial exam for \$40 (regularly \$120)

\_\_\_\_\_ Other: \_\_\_\_\_

### FOR OFFICE USE ONLY

*Some or all of the following will be performed to monitor the kinesio-pathological, myopathological, histopathological, neuropathological and biochemical components of the vertebral subluxation complex in this patient.*

**T-L Spine ROM** F (110) \_\_\_\_\_ E (80) \_\_\_\_\_ R rot (90) \_\_\_\_\_ L rot (90) \_\_\_\_\_ R lat (50) \_\_\_\_\_ L lat (50) \_\_\_\_\_

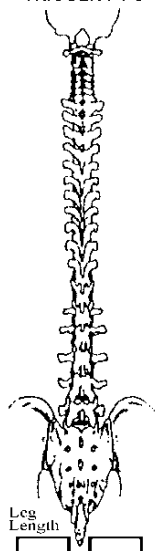
**Tandem** 0 +1 +2 +3 +4 **Rhomberg's** 0 +1 +2 +3 +4 **Schober's** + - **Grip** L \_\_\_\_\_ R \_\_\_\_\_ **Biceps** L/R **Triceps** L/R

**Ant Delt** L/R **Post Delt** L/R **Medial Delt** L/R **Calf Girth** L \_\_\_\_\_ R \_\_\_\_\_

**C-T Spine ROM** F (90) \_\_\_\_\_ E (70) \_\_\_\_\_ R rot (90) \_\_\_\_\_ L rot (90) \_\_\_\_\_ R lat (45) \_\_\_\_\_ L lat (45) \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**X-Ray:** C-Lat \_\_\_\_\_ C/T-Ap \_\_\_\_\_ L-lat \_\_\_\_\_ L/S-AP:

PALP	ROM	COMP	TRIGGER PT'S
C0	C/S	C0	
C1	FLEX	C1	
C2	EXT	C2	
C3		C3	
C4	R-LF	C4	
C5	L-LF	C5	
C6	R-ROT	C6	
C7	L-ROT	C7	
T1		T1	
T2	T/S	T2	
T3	FLEX	T3	
T4	EXT	T4	
T5		T5	
T6	R-LF	T6	
T7	L-LF	T7	
T8	R-ROT	T8	
T9	L-ROT	T9	
T10		T10	
T11	L/S	T11	
T12	FLEX	T12	
L1	EXT	L1	
L2	R-LF	L2	
L3	L-LF	L3	
L4	R-ROT	L4	
L5	L-ROT	L5	
S1	L-ROT	S1	
			Leg Length