

Patient Re-Activation Questionnaire

Our goal is to offer the highest quality care possible. Please help us by responding to the following questions about your health since your last visit to our office.

Name: _____ Date: _____

Our records show that your last adjustment in our office was on: _____

General Wellness:

1. In the period of time since my last adjustment, I have noticed/experienced...
(Check all boxes that you feel apply to you)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Poor work performance | <input type="checkbox"/> Less flexibility | <input type="checkbox"/> More pain | <input type="checkbox"/> Less comfortable |
| <input type="checkbox"/> Poor play performance | <input type="checkbox"/> Less energy | <input type="checkbox"/> More stiffness | <input type="checkbox"/> Stay loose |
| <input type="checkbox"/> Reduced medication | <input type="checkbox"/> Stop taking meds | <input type="checkbox"/> Sleep problems | <input type="checkbox"/> No change |
| <input type="checkbox"/> Increased medication | <input type="checkbox"/> Less mobility | <input type="checkbox"/> Original symptoms have returned | |
| <input type="checkbox"/> Changed jobs | <input type="checkbox"/> Slips/Falls/Injury | <input type="checkbox"/> Changed living arrangements | |
| <input type="checkbox"/> Other: _____ | | | |

2. In the period of time since my last adjustment my health has:

- Declined - If so, why? _____
- Has not changed
- Improved - If so, why? _____

Stress Levels:

1. How would you rate the current daily level of stress in your life:

No stress Very High Stress

1 2 3 4 5 6 7 8 9 10

2. Accumulated stress in life leads to interference with your health potential. Stress comes in three forms: physical (trauma, poor posture, old mattress), chemical (drugs, poor diet, pollution) and emotional (hate your job, relationship tension, worry). Regular adjustments help your body deal with these stressors and helps prevent stress build-up that causes declining health.

Describe the current greatest stressors in your life: _____

Patient signature: _____

