

GOALS FOR YOUR CARE

NAME: _____ DATE: _____ FILE# _____

People see Chiropractors for a variety of reasons. Some go for relief of pain, some to correct the cause of their pain, others for correction of whatever is malfunctioning in their bodies, and some to aid in their wellness lifestyle. Many of our patients utilize Chiropractic and our complimentary services to achieve optimal performance and health. The ultimate destination of your Health Goals and the speed at which you reach them is your choice. The Doctor will weigh your needs and desires when recommending your treatment program.

When it is at its worst, how does your condition/s affect or interfere with your normal activities, daily living, or performance?

Scale 1-10 (1 for complete disability/unable to perform and 10 fully functional)

Self Care: Has your condition/pain interfered with your ability to take care of yourself for instance, your ability to dress, shower, drive the car, or disturbed your sleep?

Please Circle One (unable to perform 1-2-3-4-5-6-7-8-9-10 Fully Functional)

Mental State: has your condition/pain affected your ability to concentrate and focus, has it caused depression, anxiety, anger, lack of motivation, fatigue, ect.?

Please Circle One (unable to perform 1-2-3-4-5-6-7-8-9-10 Fully Functional)

Recreation: has your condition/pain limited your ability to participate in hobbies, sports, physical fitness, or other leisure time activities?

Please Circle One (unable to perform 1-2-3-4-5-6-7-8-9-10 Fully Functional)

Work or School: has your condition/pain made you less effective or productive at work or school? If yes, has it caused you to miss any days at school, work, or affected your income yet?

Please Circle One (unable to perform 1-2-3-4-5-6-7-8-9-10 Fully Functional)

Family/Home Responsibilities: Has this limited your ability to do chores around the house, yard work, dishes, and grocery shopping, caring or playing with the children, or your relationship with your spouse?

Please Circle One (unable to perform 1-2-3-4-5-6-7-8-9-10 Fully Functional)

How satisfied are you on your quality of life?

Please Circle One (unsatisfied 1-2-3-4-5-6-7-8-9-10 completely satisfied)

How satisfied are you with your Health?

Please Circle One (unsatisfied 1-2-3-4-5-6-7-8-9-10 completely satisfied)

How informed would you rate your knowledge of health and health related current events

Please Circle One (Uninformed 1-2-3-4-5-6-7-8-9-10 Very Informed)

How important to you is it to receive information and be informed in regards to your health

Please Circle One (Unimportant 1-2-3-4-5-6-7-8-9-10 Very Important)

Has your state of health discouraged/prevented you from participating in any specific activities that you used to enjoy?

Has your state of health hindered/prevented you from accomplishing any specific goals or level of performance? If so, what would that be?

Is there any other means that would help us monitor your progress of Health, Wellness, and Optimal Performance? If so, please explain.

Please check the type of care desired so that we may be guided by your wishes whenever possible, and remember you are not confined to one type of care, many of our clients graduate into a different choice as time, results, and knowledge is gained.

Relief Care:
Symptomatic relief of pain or discomfort. Patching the cause without true correction

Optimal Health & Wellness Care:
Correcting and relieving the cause of the problem as well as the symptoms. Bring whatever is malfunctioning in the body to the highest state of health possible with Chiropractic & Wellness care

Performance Care:
Utilize Chiropractic care and our complementary services for injury prevention, biomechanics correction, and performance enhancement to keep your body functioning at it's highest potential

Wellness & Health Education
Obtain scientific knowledge and tools to a scientifically-defined "Wellness Lifestyle". Understand the modern genetic requirements, avoid modern diseases, and truly accomplish balance and wellness.

Other: Please Explain