

Chronic Conditions Chiropractic of Slo

Name: _____ Date: _____

Please take several minutes to answer these questions so Dr. Spurlock can help you get better faster.
(Please circle as many that apply)

1. How have you taken care of your health in the past?
 - a. Medications
 - b. Emergency Room
 - c. Routine Medical
 - d. Exercise
 - e. Nutrition/Diet
 - f. Holistic Care
 - g. Vitamins
 - h. Chiropractic treatment
 - i. Other (please specify): _____

2. How did the previous method(s) work out for you?
 - a. Bad results
 - b. Some results
 - c. Great results
 - d. Nothing changed
 - e. Did not work get worse
 - f. Did not work very long
 - g. Still trying
 - h. Confused

3. How have others been affected by your health condition?
 - a. No one is affected
 - b. Haven't noticed any problem
 - c. They tell me to do something
 - d. People avoid me

4. What are you afraid this might be (or beginning) to affect (or will affect)?
 - a. Job
 - b. Kids
 - c. Future ability
 - d. Marriage
 - e. Self Esteem
 - f. Sleep
 - g. Time

- h. Finances
- i. Freedom

5. Are there health conditions you are afraid this might turn into?

- a. Family health problems
- b. Heart disease
- c. Cancer
- d. Diabetes
- e. Arthritis
- f. Fibromyalgia
- g. Depression
- h. Chronic Fatigue
- i. Need Surgery

How has your health condition affected your job, relationships, finances, family or other activities?

Please give

examples: _____

What has that cost you? (time, money, happiness, freedom, sleep, promotion, etc) give 3

examples: _____

What are you most concerned with regarding your

problem? _____

Where do you picture yourself being in the next 1-3 years if this problem is not taken care of? Please be

specific _____

What would be different/better without this problem? Please be

specific _____

What do you desire most to get from working with

us? _____
