

PATIENT QUESTIONNAIRE

1. What brought you into this office?

2. What kind of results have you had through chiropractic care?

3. How long before you noticed improvement under chiropractic care?

4. What other type of care did you have for these problems? Results?

5. How would you describe your health before you began receiving your adjustments?

6. What are the benefits that you've noticed since you've begun chiropractic care?
(Including any other changes in your health)

7. What is it that you heard or read that made you decide to choose this office for
chiropractic care?

8. Were you skeptical about chiropractic care?
(If yes, please describe.)

9. Do you recommend chiropractic to others?

Your Name (optional): _____

Can we put your photo here?
Yes ____ No ____