WHAT IS YOUR HEALTH PHILOSOPHY? (What should you do to be healthy**?)** _____

_____

_____

HOW DO YOU WANT US TO HANDLE YOUR PROBLEM?

___Temporary Relief (Help the symptom but do not fix the cause of the problem)
___Maximum Correction (Correct the cause of the problem for maximum stability in the future)

WHY DID YOU COME INTO OUR CLINIC AND WHAT ARE YOUR EXPECTATIONS OF US? _____

_____

What are your favorite hobbies or activities to do now? _____
Are your current problems affecting these hobbies or activities? _____
What activities are you looking forward to doing in retirement?. _____
Who would you like you like to be doing these with? _____

On a scale of 1-10 (10 being the most)

___How committed are you at being at your maximum health potential?
___How important is it for your family to be at their optimum health potential?
___How committed are you to preventing arthritis and maximizing your spinal stability?

What surgeries have you had? _____

List drugs you are currently taking (prescription and non-prescription): _____

_____

Name other doctors you have seen for this condition: what was done and for how long?

_____

_____

Are you currently wearing: Heel Lifts ( ) Arch Supports ( )

PLEASE FEEL FREE TO DISCUSS OUR FEES. FEES ARE PAYABLE WHEN SERVICES ARE RECEIVED UNLESS SPECIAL ARRANGEMENTS ARE MADE IN ADVANCE.

Signature: _____

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