

## Pre Dynamic Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please take a few moments to update your health history. It is very important that we have a complete picture of your health (check mark all that apply and add comments where appropriate). Thank you.

**Have you had a change in your contact information? (telephone, address, email etc)? Y N**

**Are you in contact with us with social media? (Facebook Twitter.....)? Y N**

### Part 1. Health Progression (Checkmark only one):

- Nothing has changed in my health history since my last examination.
- My health has improved since my last examination.
- My health has declined since my last examination. Please explain:

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### Part 2. Patient Satisfaction (Checkmark only one):

- I am unhappy with my care for the following reasons:

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- I am happy with my care but still have ongoing concerns:

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- I am happy with my care and have no concerns at this time.

### Part 3. Additional Information Regarding Testing/Therapies (Checkmark all that apply):

- I have had x-rays, CT scan, MRI or other diagnostic testing since my last examination (please describe including what was done; what facility and when):

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- I have changed my medication(s) since my last examination (please describe including any new medications, any you have stopped taking and any increases or decreases in dosage):

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### Part 4. Self care (Checkmark all that apply):

- I have incorporated the following self care strategies to support my 100 year lifestyle (please elaborate):
  - Nutrition \_\_\_\_\_
  - Endurance Exercise \_\_\_\_\_
  - Strengthening Exercise \_\_\_\_\_

**Part 5. What are your perceived Benefits to Chiropractic Care (Checkmark all that apply):**

- |   |                                      |
|---|--------------------------------------|
| <input type="radio"/> feel better/less pain or no pain. | <input type="radio"/> better posture |
| <input type="radio"/> more energy/not as tired          | <input type="radio"/> other _____    |
| <input type="radio"/> sleep better at night             | <input type="radio"/> other _____    |
| <input type="radio"/> better mood                       | <input type="radio"/> other _____    |
| <input type="radio"/> sick less often                   | <input type="radio"/> other _____    |

**Part 6. Health Goals and Follow Through (Checkmark all that apply):**

- As part of my chiropractic care I would like to:
  - feel better quickly.
  - have a healthier spine and nervous system.
  - live a healthier lifestyle.
- I have not been able to follow through with my chiropractic recommendation because:
  - I don't think I need it.
  - I do not have enough time.
  - I cannot afford it.

**Part 7. Finances (Checkmark all that apply):**

- I am currently participating in a financial plan.
- I am not participating in a financial plan and :
  - I am interested in a plan.
  - I am not interested at this time.

**Part 8. Referrals (Checkmark all that apply):**

As with any private professional, our practice is built upon referrals. We appreciate you telling others about Chiropractic care and how it can improve quality of life. You may not know that we have resources available to help you explain the importance of having your spine checked. Also you may be interested to know that we have a rewards program to thank you for your referral efforts. Refer to our policies and procedures for complete details!

- I know someone that would benefit from having their spine checked.
- I understand the benefits of family chiropractic care.
- My family is under chiropractic care.
- My family is not under chiropractic care but I would like to set up a time to have their spines checked.
- I am not aware of anyone that would benefit from having a healthier spine and nervous system.

**Part 9. Other Comments:** \_\_\_\_\_  
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**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chiropractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_