

STANMORE CHIROPRACTIC CLINIC

CHIROPRACTIC • ACUPUNCTURE • MASSAGE • PODIATRY • CHIROPODY

Practice Member Name _____

Date _____

Re - Exam 3

1. *Gray's Anatomy*, the leading medical book on anatomy, states that the brain and spinal cord (the nervous system) is the master controller of the human body. Why do you think that is?
 - a. Because it controls and coordinates all functions of the body.
 - b. Because it is responsible for sending messages to every cell in the body.
 - c. Because it controls the immune system and the level of internal resistance.
 - d. All of the above.
2. It is known to many types of doctors that displaced spinal vertebrae are called subluxations. Why do you think subluxations are a major concern?
 - a. Back pain.
 - b. Because they interfere with the spine and nervous system.
 - c. Because they make your spine look funny.
3. In your opinion, which one of the following best describes the desired effect of a chiropractic adjustment?
 - a. To remove pressure and interference to the central nerve system and thereby allow your body to function at 100% potential.
 - b. To relieve pain or other symptoms.
 - c. To make your medical doctor angry.
4. Why do you think that some people get sick and some do not?
 - a. Some people are better at avoiding germs.
 - b. Some people eat well, exercise, get their spine checked regularly, and never take medications.
 - c. Some people use antibiotics and cold remedies.
5. Which of the following best describes your view on prevention?
 - a. Taking medications or seeking treatment at the first sign of a health problem.
 - b. Keeping your body functioning as strong as possible at all times regardless of symptoms.
 - c. Having regular testing done to see if you have a problem developing silently inside of you.
6. Which one of the following statements best describes your definition of health?
 - a. The absence of any known symptoms (i.e. pain, headaches indigestion, etc.).
 - b. Regardless of how you feel, a state in which your body is functioning at 100% potential.
7. What changes have you noticed since your last evaluation? _____

8. Would you like us to provide chiropractic information to a friend or relative?
Name _____ Contact Info _____
Relation to you _____ Any health concern? _____

Practice Member's Signature _____

