

# STANMORE CHIROPRACTIC CLINIC

CHIROPRACTIC • ACUPUNCTURE • MASSAGE • PODIATRY • CHIROPODY

Practice Member Name \_\_\_\_\_ Date \_\_\_\_\_

## SIX MONTH RE – EXAM 4

***Congratulations on arriving at this point in your journey towards optimum health!  
Please answer the following questions to the best of your ability.***

1. What is a **vertebral subluxation** and how can it interrupt function? \_\_\_\_\_  
\_\_\_\_\_
2. How do you know if you have a **vertebral subluxation**?
  - a. You experience back or neck pain.
  - b. You get sick.
  - c. By a chiropractic examination.
3. How would you explain to a family member or a friend what a chiropractic adjustment does?
  - a. Cracks spine to relieve pressure in joints.
  - b. Removes interference in nerves to allow normal nerve supply to organs and muscles.
  - c. Massages muscles to relieve spasm.
4. Why is the Central Nervous System known as the Master System?
  - a. It controls the function of every organ, cell and tissue of the body.
  - b. It controls all healing in the body.
  - c. It controls thinking, sleeping and digestion.
  - d. All of the above.
5. Health care is
  - a. Treating pain or illness when it arrives.
  - b. Being frequently examined to detect health problems early.
  - c. Building and maintaining health to prevent pain or illness.
6. What changes have you noticed since your last evaluation? (circle those indicated):

<input type="checkbox"/> more energy	<input type="checkbox"/> better concentration	<input type="checkbox"/> improved digestion
<input type="checkbox"/> deeper breaths	<input type="checkbox"/> deeper relaxation	<input type="checkbox"/> more balanced posture
<input type="checkbox"/> better sleep	<input type="checkbox"/> more emotional balance	<input type="checkbox"/> improved strength and endurance
<input type="checkbox"/> less pain	<input type="checkbox"/> no pain	<input type="checkbox"/> decreased headaches
<input type="checkbox"/> reduced medication	<input type="checkbox"/> eliminated medication	<input type="checkbox"/> more resistant to disease
<input type="checkbox"/> less stress	<input type="checkbox"/> overall health improvement	<input type="checkbox"/> greater range of motion
7. What are your health and wellness goals and have you achieved them? \_\_\_\_\_  
\_\_\_\_\_
8. Is there anyone you would like the Doctor to call who may have a question about chiropractic care for their health or a question about your care?

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Practice Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

