## CHIROPRACTIC HEALTH CENTER

101 Clearview Parkway • Metairie, LA 70001 • (504) 455-2000 Dr. Debbi B. Hannan

me:	: Date:										
	Patient Evaluation Questionnaire										
1.	Please rate on the scale how serious you are about getting well. (circle number)										
	1	2	3	4	5	6	7	8	9	10	
2.	A.	Tem	porefer: (porary section o	sympton	District Court	th probl	em				
3.	for at A.				treatment reating			gned to	help yo	u return i	to he
4.	Å.	ou willi Yes No	ing to m	nake die	tary cha	nges if 1	needed?				
5.	A.	ou willi Yes No	ing to st	art a m	oderate	exercise	prograi	m – if n	eeded?		
6.	Please rate on the scale how serious you are about staying healthy after your init intensive care. (circle number)										
	1	2	3	4	5	6	7	8	9	10	
7.	À.	ou fam: Yes No	iliar wit	h Appli	ed Kine	siology	and/or	Reflex /	Analysis		
8.	can he		oe intere neal you			ng a free	1-2 hou	ır symp	osium o	n the way	ys yc
9.	Please rate your stress level on the scale. (circle number)										
	1	2	3	4	5	6	7	8	9	10	