



CASCADE CHIROPRACTIC

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WOODY BERNARD D.C.

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

Not Serious Very Serious

2. Would you prefer:

- Temporary symptom relief.
- Correction of cause of health problem.

3. Are you willing to follow a treatment program designed to help you return to health for at least three months (treating the cause)?

- Yes.
- No.

4. Are you willing to make dietary changes if needed?

- Yes.
- No.

5. Are you willing to start a moderate exercise program if needed?

- Yes.
- No.

6. Please rate on the scale how serious you are about staying healthy after your initial intensive care. (circle number)

1 2 3 4 5 6 7 8 9 10

Not Serious Very Serious

7. Are you familiar with Applied Kinesiology and/or Reflex Analysis?

- Yes.
- No.

8. Would you be interested in attending a free 1-2 hour symposium on the ways you can help heal yourself faster?

- Yes.
- No.

9. Please rate your stress level on the scale. (circle number)

1 2 3 4 5 6 7 8 9 10

No Stress Total Stress