

Optimal Wellness and Chiropractic

Do you want to live or LIVE WELL?

What are your health objectives? _____

Name/Address/Phone of the last doctor who put you on a health development program?

Were you able to stay on the program? ____ How long? _____

What were your results? _____

Were your results permanent? _____

Are you healthier today than you were 5 years ago? _____

If so, what did you do to improve your health? _____

If not, why do you think your health declined? _____

Will you be healthier 5 years from now than you are today? _____

If so, what are you planning to do to improve your health and if not, what could you do to improve your health rather than have it continue to decline? _____

What would you like your health to be 5 years from now? _____

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