

# 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?

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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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