

Dillberg Integrated Healthcare
Chiropractic, Acupuncture, Nutrition, Preventive Healthcare

Patient Name _____ Date _____

Client Communicator

1. My primary goals (or chief concerns) at this time are:

2. My adherence to my wellness program since my last visit to this office has been:

3. The most challenging aspects of my program at present are:

Please add specifics to notes in regard to each challenge to that we can better support you.

a) Mental-Emotional (self talk, time management, emotional stress, lack of support, etc.)

b) Dietary (knowledge or discipline?)

c) Exercise (knowledge or discipline?)

d) Supplementation (knowledge or discipline?)

4. Since my last consultation here, I have been successful in:

5. Since my last consultation here, I have been thinking a lot about:

6. My attitude about my wellness program to date is:

A
Enthusiastic

B
Satisfied

C
Less than Satisfied

Client Communicator- continued

7. Mental & Emotional Health: I am taking at least 15 minutes of quiet time to reduce stress, quiet my mind and emotions, escape gravity, and listen to my body:

A	B	C
Daily	Several times weekly	Not at all

I would like to schedule Neuro-Emotional Treatment (NET) to reduce stress levels:

A	B	C
As soon as possible	In the future	Not Interested at this time

8. Spinal Balancing: I am doing daily exercises for my posture – and/or – I am under-going ongoing treatment for spinal balancing:

A	B	C
Daily	Several times weekly	Not at all

9. Exercise: I have been exercising in an aerobic range

A	B	C
Daily	Several times weekly	Not at all

I have been exercising to build muscle strength:

A	B	C
Daily	Several times weekly	Not at all

10. Supplementation: I have continued to take recommended nutritional supplements:

A	B	C
Exactly as directed	Sporatically	Not at all

I require at this time:

A	B
Continued support	Review of my program

Additional Comments:
