

**Dillberg Integrated Healthcare**  
*Chiropractic, Acupuncture, Nutrition, Preventive Healthcare*

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Client Communicator**

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

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

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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.)

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b) Dietary (knowledge or discipline?)

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c) Exercise (knowledge or discipline?)

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d) Supplementation (knowledge or discipline?)

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

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

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

A  
Enthusiastic

B  
Satisfied

C  
Less than Satisfied

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**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:

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