



ROYAL CHIROPRACTIC, WELLNESS & REHAB
ROYAL WELLNESS CENTER, PLLC
10464 E. Northwest Highway, Ste. A
Dallas, Texas 75238
Phone: 214-324-5800/Fax: 214-324-5838

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

2. Would you prefer: (please circle)

- A. Temporary symptom relief
- B. 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 four 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 are you about staying healthy after your initial intensive care. (circle number)

1 2 3 4 5 6 7 8 9 10

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 to 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

Name: _____

Date: _____