

LEVEL 2: INTERMEDIATE CARE

Level Two Questionnaire

Name _____ Date _____

Phone _____ Email _____

Address _____

Answer all questions in reference to when you first began care in this office, or to your last full re-evaluation, if applicable. Please answer the following questions with regard to the time since beginning care in this office: "I have noticed changes in aspects of the following body systems..." (much more – more – same - less - much less)

1) Muscular System

strength

comfort

ease of movement

ease of recovery from injury

2) Respiration

depth

ease

areas where I experience breath

ease of breath during exercise

3) Cardiovascular chest

discomfort

rate of heartbeat

dizziness

cold extremities

4) Digestive / Eliminate

appetite

indigestion / heartburn

gas

ease in bowel movement

ease in urination

5) Reproductive / Sexual

satisfaction with sexual function

woman's cycle regularity

woman's cycle comfort

6) Nervous system

nervousness

depression or lack of interest

difficulty falling asleep

difficulty concentrating

moodiness or temper

fidgety or restlessness

feelings of ease, peace

overreact to life stresses (minor)

overreact to life stresses (major)

experience of release of spinal

experience of body's rhythms

1) I have experienced the following additional marked mental, emotional, chemical, and physical stresses during this period, in addition to those I listed on the last questionnaire I filled out.

2) I have had the following major relationship, job, residence, or other life changes during this period:

3) I (have, have not) changed my dietary habits. Explain:

4) I (have, have not) begun or modified an exercise program. Explain:

5) I (have, have not) participated in classes or programs to enhance my healing capacity. Explain

6) Use this space to write about anything else you would like to discuss with your chiropractor about your spinal progress at this point in care:

7) Do you wish to continue care at this time?
