

LEVEL 3: ADVANCED CARE

Name _____ Date _____ Phone _____

Email _____

Address _____

1. I am aware of spontaneous coordinated movements along the length of my spine:

- during adjustments
- between adjustments
- during stressful situations
- during restful periods

2. These movements are associated with a (build up, reduction) of tension.

3. I am aware of changes in my breathing pattern (during the day, at work, at play, at rest).

4. I am able to reduce tension or stress level through my movements (Yes, No) or breathing (Yes, No)

Were you doing this before care in this office? (Yes, No)

Comments: _____

5. I experience a flow of energy through regions of my body: (Yes, No)

If yes,
when _____
where _____

6. I (do, do not) experience a change in my body when I approach someone who is angry, sad, in love, etc.? Please

explain: _____

7. On a scale of 1 to 5, where 1 is the least and 5 is the most, please describe the following, both before starting care, and now:

trust inner instincts, inner voice 1 2 3 4 5 | 1 2 3 4 5

feel connected to others at work 1 2 3 4 5 | 1 2 3 4 5

feel connected to others at play 1 2 3 4 5 | 1 2 3 4 5

feel whole 1 2 3 4 5 | 1 2 3 4 5

undisturbed by sudden life changes 1 2 3 4 5 | 1 2 3 4 5

undisturbed by predictability or sameness 1 2 3 4 5 | 1 2 3 4 5

restfulness or sleep 1 2 3 4 5 | 1 2 3 4 5

eager to take on new projects 1 2 3 4 5 | 1 2 3 4 5
let go of tensions, anxiety 1 2 3 4 5 | 1 2 3 4 5
let go of a grudge 1 2 3 4 5 | 1 2 3 4 5
feel compassion towards others 1 2 3 4 5 | 1 2 3 4 5
feel responsible towards your environment 1 2 3 4 5 | 1 2 3 4 5
feel symptoms with getting disturbed or frightened 1 2 3 4 5 | 1 2 3 4 5
feel symptoms & observe them without fear or worry 1 2 3 4 5 | 1 2 3 4
bounce back from physical trauma 1 2 3 4 5 | 1 2 3 4 5
bounce back from emotional trauma 1 2 3 4 5 | 1 2 3 4 5
bounce back from mental stress 1 2 3 4 5 | 1 2 3 4 5
bounce back from sickness, or symptom episodes 1 2 3 4 5 | 1 2 3 4 5
aware of what my body wants from me 1 2 3 4 5 | 1 2 3 4 5
aware of what I need to eat 1 2 3 4 5 | 1 2 3 4 5
aware of what does not work for me 1 2 3 4 5 | 1 2 3 4 5
express my needs to others 1 2 3 4 5 | 1 2 3 4 5
take responsibility for areas of my life 1 2 3 4 5 | 1 2 3 4 5
unwind from my tensions 1 2 3 4 5 | 1 2 3 4 5
spontaneously express emotions 1 2 3 4 5 | 1 2 3 4 5
feel empowered in life 1 2 3 4 5 | 1 2 3 4 5
experience peace 1 2 3 4 5 | 1 2 3 4 5
experience greater self-awareness 1 2 3 4 5 | 1 2 3 4 5
spontaneously forgive myself 1 2 3 4 5 | 1 2 3 4 5
spontaneously forgive others 1 2 3 4 5 | 1 2 3 4 5
ability to self heal 1 2 3 4 5 | 1 2 3 4 5

8. Since I have begun Level Three of care, I have made changes in the following areas of my life: (relationships, home, work, school)

Please
comment: _____

9. Since I have begun Level Three of care, I have had the following marked physical, emotional, or chemical stresses or traumas:

10. Did you deal with these differently OR in the same way as you would have before beginning care in this office?

11. I have changed my (exercise, meditation, medical, therapeutic) program since beginning Level Three Care. Please explain: _____

12. Is there anything else you would like to discuss with your chiropractor at this point in care?

13. Are you interested in continuing with Level Three and/or Wellness care in this office? _____
