

Kent-East Chiropractic

I want the following care, Doctor.

Thank you for taking the time to participate in this survey. For me to help you, I believe that communication and understanding are vital. It is important that you take a moment to read the following statements to help me understand your philosophy of life. This is not a judgement statement; it is rather an attempt to clarify. **Your health is your responsibility.** I am committed to serve you to the best of my ability regardless of the level you choose. This understanding will allow care to be directed to the level you desire.

Please circle the number of the appropriate statement below.

If none of these statements describe you, please write your own on the lines provided.

1. I appreciate good health. I understand the benefits of natural health care. ***I am interested in information*** concerning a scientifically validated system to improve my health, prevent future disease, and enhance my well being.
2. I appreciate good health. ***I don't really understand*** the benefits of natural health care. I may be interested in a scientifically validated system to improve my health and prevent future disease.
3. I appreciate good health. ***I am primarily symptom oriented.*** I prefer to focus on my health only after awareness that something is wrong. I prefer to use natural, non-toxic, non-abrasive procedures first.
4. I am ***symptom oriented and here to eliminate my pain only.*** The drug(s) that I am taking are:
A prescription, B over the counter and (a) are no longer effective or (b) didn't work this time.
5. Other

Name

Signature

Date

Kent-East Chiropractic
25022 104th Ave SE Ste. E
Kent, WA 98030
253-854-3040