

# **CENTER OF CONSCIOUS AWAKENING**

*"An Oasis for Transformation, Evolution, and Healing"*

## **WELLNESS QUESTIONNAIRE**

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

Please answer the following questions with regard to the time since beginning care in this office:

Since beginning wellness care, I have had the following marked physical, emotional, or chemical stresses or traumas: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Since beginning wellness care, have you had any physical trauma such as a fall, sports impact, or jolt that you feel may have injured your spine? \_\_\_\_\_

\_\_\_\_\_

Have you been involved in an automobile accident either as a driver or passenger? Explain and give dates: \_\_\_\_\_

\_\_\_\_\_

I have had the following major relationship, job, residence, or other life changes during this period. \_\_\_\_\_

\_\_\_\_\_

Have you been hospitalized? If yes, what was done? \_\_\_\_\_

\_\_\_\_\_

Are you taking any prescription or over the counter drugs regularly? (Please list) \_\_\_\_\_

\_\_\_\_\_

Use this space to write about anything else you would like to discuss with your chiropractor about your spinal progress or condition at this time. \_\_\_\_\_

\_\_\_\_\_

Do you wish to continue with wellness care at this time? \_\_\_\_\_

\_\_\_\_\_

**Thank You! We look forward to serving you.**