



Creating Wellness Assessment Answer Sheet

Center ID: 284 Center Name: Valley Chiropractic Center PSC
 Member ID: 2 Member Name: Donald Eldridge
 Visit Number: 1

Your Goals

1: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____ 9: _____ 10: _____
 11: _____ 12: _____ 13: _____

Your Profile

1: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____

Supplements and Meal Planning Survey

1: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____

Physical Dimension

1: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____ 9: _____ 10: _____

Bio-Chemical Dimension

1: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____ 9: _____ 10: _____
 11: _____ 12: _____ 13: _____ 14: _____ 15: _____ 16: _____ 17: _____ 18: _____ 19: _____ 20: _____
 21: _____ 22: _____ 23: _____ 24: _____ 25: _____ 26: _____ 27: _____ 28: _____ 29: _____ 30: _____
 31: _____ 32: _____ 33: _____ 34: _____ 35: _____

Psychological Dimension

1: _____ 2: _____ 3: _____ 4: _____ 5: _____ 6: _____ 7: _____ 8: _____ 9: _____ 10: _____
 11: _____ 12: _____ 13: _____ 14: _____ 15: _____ 16: _____ 17: _____ 18: _____ 19: _____ 20: _____
 21: _____ 22: _____ 23: _____ 24: _____ 25: _____ 26: _____ 27: _____ 28: _____ 29: _____ 30: _____
 31: _____ 32: _____ 33: _____ 34: _____ 35: _____ 36: _____ 37: _____ 38: _____ 39: _____ 40: _____
 41: _____ 42: _____ 43: _____

Wellness Center Cover Form(for center use only)

1: _____ 2: _____