



New Patient Health and Wellness Survey

Welcome to our office! We constantly strive to make sure we are meeting your health and wellness goals. Please help us serve you better by letting us know what is important to you. We want to customize your care in our office.

I am interested in the following (check all that apply):

- Pain relief only
- Correction and maintenance of my problem
- Weight loss
- Healthy eating for disease prevention
- Exercise/strength/flexibility programs
- Family wellness care
- Other _____

Thank you! It is a pleasure to be a part of your Health Care Team!