

WELCOME BACK FORM

PLEASE TAKE A MOMENT TO UPDATE YOUR VITAL INFORMATION SINCE WE LAST ADJUSTED YOU

Name _____ Date _____

Has your address or information changed since your last adjustment? ☐ Yes ☐ No

If so, please provide below:

Address _____

Home Phone (____) _____ Business (____) _____ Cell (____) _____

Email _____

Who are you currently employed by? _____

What is your reason for returning Café of Life?

Check the phrase that most represents your reason for care:

☐ Wellness ☐ Prevention ☐ Feel good ☐ Symptom Relief

Is there anything new about your health and Spine that we should know about?

Ex. Accidents, Physical Trauma, Illnesses, etc.

What is your level of commitment to yourself, your life and well-being?

☐ High ☐ Medium ☐ Low

What is your primary stress?

Additional Comments: