

HEALTH & HARMONY

• AWAKENING POTENTIAL! •

Health and Harmony Chiropractic and Wellness Center
Evergreen, Colorado
303.670.1001

PRACTICE MEMBER PROFILE

Name DON WALLACE

Age (optional) _____

Occupation _____

Hobbies/Interests _____

Favorite Book(s) _____

Favorite Color _____

⇒ Reason for starting care at Health and Harmony?

(choose from the following)

✓ Life/Health Enhancement _____

✓ Increase Self Awareness _____

✓ Symptoms _____

(If so, what was your major complaint?)

FROZEN SHOULDER (LEFT)

✓ Other __ (please describe) _____



⇒ Other health professionals on your "health team"?

(circle)

✓ Nutritionist ✓ MD ✓ Athletic trainer

✓ Accup ✓ ND ✓ Massage therapist

Physical Therapist ✓ Other _____

⇒ What have you noticed or become aware of as you have received care at Health and Harmony?

SIGNIFICANTLY IMPROVED RANGE OF MOTION OF SHOULDER

⇒ How has this impacted your overall life?

⇒ Since starting care at Health and Harmony, grade how your overall health and well-being have remained the same or improved? (circle the best answer) (No change) 1-2-3-4-5-6-7-8-9-10 (Major change)

⇒ May we share this information with others? Yes No _____

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU, YOUR FAMILY, AND YOUR FRIENDS!