

**** So That We May Serve You Better ****

Name: _____ Date _____

Please answer the questions below.

- 1 We have an open adjusting area or private rooms available.
Do you prefer? ____ open ____ private only ____ either

- 2 Please check the type of care desired so we may be guided by your wishes.
 - Temporary Relief
 - Control of immediate problem
 - Total Health Care
 - I prefer the Doctor to select the type of care he feels is best for me.

- 3 We offer the following. Please check your interests.
 - Nutrition/Supplements including:
(Standard Process, Progressive Labs & Biotics Research)
 - Information on exercise and stretching
 - Educational talks