

Dr. Patricia Lotufo
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Patient Evaluation Questionnaire

1. Please rate on the scale how serious you are about getting well. (circle number)
0 1 2 3 4 5 6 7 8 9 10
2. Would you prefer: (please circle)
A: Temporary Symptom Relief
B: Correction of Cause of Health Problems.
3. Are you willing to follow a treatment program designed to help you return to health for at least 8-12 visits? (treating the cause)
A: Yes
B: No
4. Are you willing to take supplements?
A: Yes
B: No
5. Are you willing to make dietary changes?
A: Yes
B: No
6. Are you willing to start a moderate exercise program?
A: Yes
B: No
7. Please rate on the scale how serious you are about staying healthy after your initial intensive care.
0 1 2 3 4 5 6 7 8 9 10
8. Please rate your level of stress on the scale.
0 1 2 3 4 5 6 7 8 9 10

Patient Signature:

Date: