



Graceful Health Chiropractic

Drs. Andrew & Naomi Downey

2260 Thistle Patch Rd.

Newcastle CA, 95658

Name _____ Date _____

Date of previous evaluation _____

Please answer all questions in reference to when you first began care in this office, or to your last full re-evaluation, if applicable.

1. I am (AWARE, NOT AWARE) of changes in the way I carry my body.

They are: _____

2. I am (MORE, SAME, LESS) aware of my breathing while I am being entrained.

3. I am (MORE, SAME, LESS) aware of my breathing in between entrainment sessions.

4. In general, movement is (EASIER, SAME, MORE DIFFICULT).

5. In general, I (HAVE, DO NOT HAVE) greater ease in standing straighter.

6. I am (MORE AWARE, SAME, LESS AWARE) of where I hold tension in my body or spine.

7. In general, I (FEEL, DO NOT FEEL) my spine or areas of my spine to be more at peace.

8. I am (MORE AWARE, SAME, LESS AWARE) of when my body holds tension.

9. I am (MORE AWARE, SAME, LESS AWARE) of what releases tension from my body

10. I (HAVE, HAVE NOT) experienced a deeper awareness of knowing exactly what my body wants me to do.

11. I (HAVE, HAVE NOT) been more able to listen to my body's needs.



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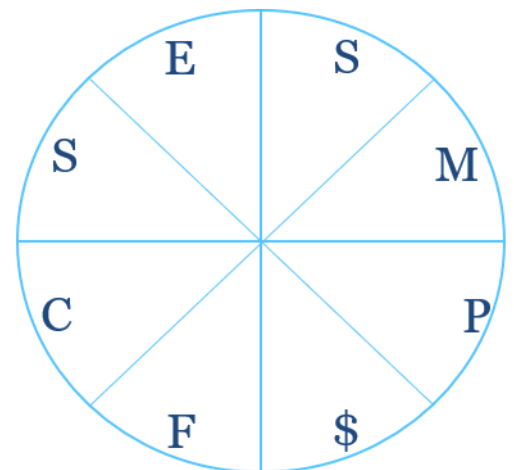
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12. I can feel my body is getting healthier. (YES, NO)
13. I am finding that I am more present with myself and with others. (YES, NO)
14. I have found that as I actively participate in my office visits, I get more out of them. (YES, NO)
15. I am (MORE AWARE, SAME, LESS AWARE) of what releases tension from my body.
16. I (HAVE, HAVE NOT) noticed that as I have less tension that I feel different.
17. I (HAVE, HAVE NOT) noticed greater clarity in my relationships leading me to make changes.
18. I can locate the build up of tension in my body during stressful situations (YES, NO)
19. I experience a flow of energy through regions of my body. (YES, NO)
20. I (EXPERIENCE, DO NOT EXPERIENCE) a change in my body when I approach someone who is angry, sad, in love, etc. (YES, NO)

There seem to be eight facets in life:

- | | |
|--------------|--------------|
| 1. Spiritual | 5. Family |
| 2. Mental | 6. Career |
| 3. Physical | 7. Social |
| 4. Money | 8. Emotional |

Please shade in the amount of each facet relative to how complete you feel in relationship to it.





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How much water do you drink per day?

What do you do for exercise?

What are your nutritional habits like, are you following any particular diet?

Please describe what concerns you are currently dealing with.

Do you fast? If so, describe your style and duration of fasting.

Have you attended an EPC (Evolutionary Personal Care) class? Basic _____ Advanced _____

What state of consciousness are you usually working in?

What is next for you? What are you wanting to create for yourself?

Is there anything else you would like us to be aware of?



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Please describe what value you are receiving from care at Graceful Health. How do you feel care is serving you?

Physically

Stress / Anxiety

Mentally

Emotionally

Other

It is our absolute pleasure to be of service to you.

Thank you for taking the time to fill out this form.