



Westlake Chiropractic, PLLC - Dr. Katerina Sheffield - Questionnaire: Integrative Spine and Fascial Services

The information from this questionnaire will allow us to assess if you are a candidate for the Posture and/or Scoli Protocols.

Name: _____ **Date:** _____

Age: _____ **Weight:** _____ **Height:** _____

How far away (in minutes or hours) do you live from our office at 300 Beardsley Lane Austin 78746?

This helps us manage cases for people who drive from out of town for care. _____

1. What are your goals for treatment? Please mark **all** that apply, and provide more details if you like.

- Decrease pain Decrease tightness Treat scoliosis Improve/Correct Posture
 Treat Dowager Hump Feel Better Look Better Stay Active Longer Play Sports Better/Longer
 Other? _____ Is there anything else you want us to know about you? Please list below.

2. Surgical hardware? Yes No If yes, then please describe: _____

3. Do you have any spinal imaging (Xray's, MRI, CT) in the last 3 years? Yes No

If yes, do you have the radiology reports? Yes No If yes, what, where, and when it was taken?

4. Do you have: a pacemaker? Yes No implanted electronic device? Yes No

a history of strokes? Yes No a sensitivity to electromagnetic frequencies? Yes No

a history of blood clots? Yes No Please give more details below for any that you answered 'yes' to.

5. Do you have any providers that are treating you for these conditions? Check if yes. Chiropractor

Medical Doctor Physical Therapist Acupuncturist Massage Therapist

Please list all the names and specialties of the Doctors: Chiropractic and Medical. _____

After reviewing your questionnaire, we will contact you. Please provide your phone number and email and check

which one is better for you. Phone _____ Email _____