

Dr. Johanne Judd _____
Chiropractor

Changing people's lives
...one spine at a time

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New Patient Survey

1. How much time am I willing to devote to getting well? 3 months 6 months
1 year?

2. What is your perception of chiropractic? _____

3. On a scale of 1 to 10, Do you believe you can be healthy? _____

1 2 3 4 5 6 7 8 9 10

4. What is your personal goal in seeking treatment?

5. Are you interested or have you pursued other holistic treatments?

6. How many people do you know, that walk around not feeling well?

7. Do you believe that health needs to be maintained? Such as a garden or automobile?

8. What are you, if at all, most skeptical about? _____

9. Do you know of anyone who has had a negative experience with Chiropractic?

10. Do you know anyone who has had a positive experience with Chiropractic?
