



# Creating Wellness Assessment Answer Sheet

Center ID: 45      Center Name: Dr. Fred Rossi - Rossi Family Chiropractic  
 Member ID: 322      Member Name: Maya Morrissey  
 Visit Number: 1

### Your Goals

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_      6: \_\_\_\_\_ 7: \_\_\_\_\_ 8: \_\_\_\_\_ 9: \_\_\_\_\_ 10: \_\_\_\_\_  
 11: \_\_\_\_\_ 12: \_\_\_\_\_ 13: \_\_\_\_\_

### Your Profile

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_      6: \_\_\_\_\_ 7: \_\_\_\_\_ 8: \_\_\_\_\_

### Supplements and Meal Planning Survey

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_      6: \_\_\_\_\_ 7: \_\_\_\_\_ 8: \_\_\_\_\_

### Physical Dimension

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_      6: \_\_\_\_\_ 7: \_\_\_\_\_

### Bio-Chemical Dimension

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_      6: \_\_\_\_\_ 7: \_\_\_\_\_ 8: \_\_\_\_\_ 9: \_\_\_\_\_ 10: \_\_\_\_\_  
 11: \_\_\_\_\_ 12: \_\_\_\_\_ 13: \_\_\_\_\_ 14: \_\_\_\_\_ 15: \_\_\_\_\_      16: \_\_\_\_\_ 17: \_\_\_\_\_ 18: \_\_\_\_\_ 19: \_\_\_\_\_ 20: \_\_\_\_\_  
 21: \_\_\_\_\_ 22: \_\_\_\_\_ 23: \_\_\_\_\_ 24: \_\_\_\_\_ 25: \_\_\_\_\_      26: \_\_\_\_\_ 27: \_\_\_\_\_ 28: \_\_\_\_\_ 29: \_\_\_\_\_ 30: \_\_\_\_\_  
 31: \_\_\_\_\_

### Psychological Dimension

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_      6: \_\_\_\_\_ 7: \_\_\_\_\_ 8: \_\_\_\_\_ 9: \_\_\_\_\_ 10: \_\_\_\_\_  
 11: \_\_\_\_\_ 12: \_\_\_\_\_ 13: \_\_\_\_\_ 14: \_\_\_\_\_ 15: \_\_\_\_\_      16: \_\_\_\_\_ 17: \_\_\_\_\_ 18: \_\_\_\_\_ 19: \_\_\_\_\_ 20: \_\_\_\_\_  
 21: \_\_\_\_\_ 22: \_\_\_\_\_ 23: \_\_\_\_\_ 24: \_\_\_\_\_ 25: \_\_\_\_\_      26: \_\_\_\_\_ 27: \_\_\_\_\_ 28: \_\_\_\_\_ 29: \_\_\_\_\_ 30: \_\_\_\_\_  
 31: \_\_\_\_\_ 32: \_\_\_\_\_ 33: \_\_\_\_\_ 34: \_\_\_\_\_ 35: \_\_\_\_\_      36: \_\_\_\_\_ 37: \_\_\_\_\_ 38: \_\_\_\_\_ 39: \_\_\_\_\_ 40: \_\_\_\_\_  
 41: \_\_\_\_\_ 42: \_\_\_\_\_ 43: \_\_\_\_\_ 44: \_\_\_\_\_ 45: \_\_\_\_\_      46: \_\_\_\_\_

### Wellness Center Cover Form (for center use only)

1: \_\_\_\_\_ 2: \_\_\_\_\_