

Overall Lifestyle Review *(please circle, 10=Poor 1=Ideal)*

Under 2 years old fill in left side only (Over 2 years fill in both)

Posture & Movement	10 9 8 7 6 5 4 3 2 1 Unbalanced posture/mvmt &/OR uncomfortable/pain	Balanced posture/mvmt maintained with ease	Physical Ability & Coordination	10 9 8 7 6 5 4 3 2 1 Ability below peers &/OR low coordination/balance	Ability at or above peers, good coordination/balance
Sitting <small>Copy rating above if your child is not sitting yet</small>	10 9 8 7 6 5 4 3 2 1 Slouch &/or uncomfortable	Sit confident, balanced & comfortable	Daily Movement/ Sports/ Activity	10 9 8 7 6 5 4 3 2 1 Minimal daily movement OR causes pain OR doesn't enjoy	Active & enjoys being active
Stretching & Flexibility	10 9 8 7 6 5 4 3 2 1 Stiff &/or uncomfortable	Flexible & balanced movement	Overall ability to cope with life	10 9 8 7 6 5 4 3 2 1 Anxious &/OR easily overwhelmed	Relaxed & cope well Can cope with change
Overall level of energy	10 9 8 7 6 5 4 3 2 1 Wake exhausted &/OR easily tires, often lethargic	Wake up with energy & has good stamina	Learning & Behaviour	10 9 8 7 6 5 4 3 2 1 Ability below peers &/OR behaviour issues	Learns with ease, level & behaviour is age appropriate
Sleeping	10 9 8 7 6 5 4 3 2 1 Difficult &/or wake frequently, restless or uncomfortable	Fall asleep easily & deep sleep	Appetite & Eating Habits	10 9 8 7 6 5 4 3 2 1 Low appetite &/OR low nature based foods	Good appetite & majority nature based diet
Car Travel	10 9 8 7 6 5 4 3 2 1 Uncomfortable &/or dislike	Travels well	Water	10 9 8 7 6 5 4 3 2 1 No water	1L+ filtered water/ day & drinks regularly
Bowel Movements	10 9 8 7 6 5 4 3 2 1 Less than 3 per week &/OR strain to pass &/OR inconsistent	1-3 per day & pass easily/quickly	Recovery & Illness	10 9 8 7 6 5 4 3 2 1 Frequent illness &/OR slow healing time	Occasional illness & heals/recover quickly

Under 2 year olds: Total _____ *(please add up)*

77 - _____ *(total above)/70 x100 = _____%*

Over 2 year olds: Total _____ *(please add up both sides)*

154 - _____ *(total above)/140 x100 = _____%*

What difference do you notice in your child after Chiropractic adjustments?

(or what have you noticed since your child's last examination?)

Which healthy habits are **going well** and which healthy habits are a **challenge** for your child?

What areas are you wanting to focus on for your child?

What do you like best about Chiropractic Balance &/or how could we improve our service?

Chiropractor Use Only		
BWS		
Cx F(60)/E(70)		
Cx Rot (80)		
Cx LF (45)		
LRF Shoulder		
MRE Shoulder		
TL F(90)/E(30)		
TL Rot (100)		
TL LF (30)		

