

Bara Family Wellness Center

3532 Independence Drive * Homewood, AL 35209 * 205-879-5799
www.barafamilywellness.com

Re-evaluation Health Profile

Name: _____ Date: _____

Describe the status of your original complaint: _____

Overall **Frequency** of Symptom(s): (check one please)

Constant-100% of the time Frequent-75% Intermittent-50% Occasional-25%

Overall **Intensity** of Symptom(s): (Please circle a number, 1 being nothing at all and 10 being the worst)

1 2 3 4 5 6 7 8 9 10

Please grade the level to which this health concern(s) affects these aspects of your functioning/quality of life:

0 – It does not seem to affect me.

1 – It seems to slightly affect me.

2 – It seems to moderately affect me.

3 – It seems to drastically affect me.

Affect on work	0 1 2 3	Affect on recreation/play	0 1 2 3	Affect on rest/sleep	0 1 2 3
Affect on social life	0 1 2 3	Affect on walking	0 1 2 3	Affect on sitting	0 1 2 3
Affect on exercise	0 1 2 3	Affect on eating	0 1 2 3	Affect on love life	0 1 2 3
Concern about particular symptom/condition			0 1 2 3	Concern about health	0 1 2 3

Please describe any new accidents, injuries or complaints (If yes, please advise the front desk and complete a complaint form). _____

Please rate your satisfaction with the care received in this office:

Completely Satisfied Mostly Satisfied Somewhat Satisfied Not Satisfied

Do you have any questions or comments? _____

Patient's Signature

Date

Please Turn Over

Bara Family Wellness Center Re-Evaluation Questionnaire

Name _____ Date _____

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

1. I am (aware, not aware) of an increase of pleasant sensations in my spine. These are:

2. I am (more, same, less) aware of my breathing when I am adjusted.
3. I am (more, same, less) aware of my breathing between adjusting sessions.
4. In general, my breathing is (deeper, same, shallow) and (easier, same, more difficult).
5. In general, body movement is (easier, same, more difficult).
6. In general I (have, do not have) greater ease in standing straighter.
7. I am (more aware, same, less aware) of **where** I hold tension in my body or spine.
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. My body is becoming (more effective, same, less effective) at releasing its tension.
11. I (have, have not) experienced spontaneous movements of a part of my spine on or off the table.
12. I (have, have not) been more able to listen to my body's needs.
13. I have professionally seen other doctors or therapists since I last completed a questionnaire from this office: no _____ yes _____. Please explain:

14. I (have, have not) changed my dietary habits. Explain: _____

15. I (have, have not) begun or modified an exercise program. Explain: _____

16. I (have, have not) participated in classes or programs to enhance my healing capacity. Explain: _____
17. Use this space to write about anything else you would like to discuss with Dr. Stasi about your spinal progress at this point in care. _____

Signature: _____

Please Turn Over



MY STORY



Tell your story about how Network Spinal Analysis helps you obtain, regain or celebrate the fun, health and vitality in life. Remember, your story will help others achieve the level of health that all of us deserve. If you do not want others to read your story then check this box . Please still fill out the form - it will be kept in your file.

Name: _____

Date: _____

Date you started care in Dr. Bara's office? _____

What brought you into this office? _____

Currently, how is what brought you into the office? _____

What other changes, expected or unexpected, are you experiencing physically and/or mentally/emotionally? (e.g.

posture, how you walk, quality of sleep, how you breathe, how you move throughout the day, how you handle stress,

clearer thoughts, improved self confidence, greater ability to know how you feel, more engaged in life, changes in

habits) _____

Have you changed or increased your physical activity? _____

Have you changed your dietary habits? _____

Is there anything else you would like others to know? _____

Your story makes a difference!

I hereby testify that the above statements are true, to the best of my knowledge, and release this information to be used for the purposes of patient education. I understand that these statements or a portion of these statements may be used on the Internet for the entire world to see. I also authorize my picture to accompany these statements or a portion of these statements. If you would prefer no photo, please check this box .

Signature

Date