



DATE _____ / _____ / _____

NAME _____

SECTION 1: RE-EVALUATION ASSESSMENT (PLEASE BE DETAILED)	FOR OFFICE USE ONLY
Do you feel your expectations are being met with your care? Yes No	Re-Evaluation # _____ Started care on _____ / _____ / _____
What are your continued expectations with Vitality?	
If you came to Vitality for a health issue, what percent better is it overall? List Health Issue: _____ Circle % improvement: 0 10 20 30 40 50 60 70 80 90 100	
What body changes and/or specific improvements have you noticed? <i>(energy, pain, sleep, stress, ranges of motion, emotional balance, less medication, etc.)</i>	
List medications, vitamins or supplements you are currently taking and why.	
Do you want recommendations on any of our products?	
Have there been any changes in your life? <i>(occupation, life work, family, social, deaths, births, etc.)</i>	
Where do you have resistance in your wellness approaches?	
What are your health and wellness goals for the quarter?	
Do you have any questions on any part of your Vitality experience? <i>(Including HydroMassage / EStim, Chiropractic Care and Lifestyle Coaching)</i>	



Section 2: BODY-MIND-SPIRIT STATE

BODY STATE	4	3	2	1	0	FOR OFFICE USE ONLY
Do you eat healthy and/or organic foods?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you drink water? How much? _____	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you exercise? How consistently? _____	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you stretch? How consistently? _____	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you receive massage or body work? How consistently? _____	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you detox and/or cleanse? How consistently? _____	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you listen to and understand your body signals?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
BODY _____ /28						
MIND STATE	4	3	2	1	0	FOR OFFICE USE ONLY
Are you mindful of yourself? (respect, listen & love self)	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you allow time for yourself? (playtime, downtime, self-care etc.)	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you use positive self talk?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you have a clear, centered and relaxed mind before you sleep?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you process and feel balanced in your emotions?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you listen to your instincts?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
MIND _____ /24						
SPIRIT STATE	4	3	2	1	0	FOR OFFICE USE ONLY
Do you breathe or meditate?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you take time to connect with nature and/or animals?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you take time to connect with other humans?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you feel in control of your life?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
Do you take time to relax?	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS	
SPIRIT _____ /20						
BODY-MIND-SPIRIT TOTAL _____ /72						

Signature

Date