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## RE-EVALUATION: 1st\_\_2nd \_\_3rd \_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

***Take a few minutes to help us help you!***

**1. If you were a member that originally came *because of a symptom (pain, high blood pressure, stiffness, etc.)* and your symptom did not go away, would you still continue chiropractic care? Why or why not?**

**If you were a member that originally sought out care for *wellness (staying healthier, staying at optimal potential, maximizing your health)* are you pleased with the care you are receiving?**

**2. Do you understand why you are still under chiropractic care? Please explain.**

**3. What is the main reason a newborn baby needs to have a chiropractic check-up?**

**4. Have you seen positive health changes (i.e. deeper sleep), emotional, and/or energy changes since you started under care? Please explain.**

**5. How would you describe what goes on in our office to others?**

**6. Would you feel comfortable sharing your chiropractic experience with others ( written testimony, in person, video)?**

Yes

No