



SPINE AND SPORTS CARE

Chiropractic • Rehab • Performance

ROBIN LINSTER DC, DACBSP ICCSP

Your Vision Quest for Wellness and Improved Performance

Name: _____ DOB: _____ Today's Date: _____

Dominant Hand: (L / R) Foot: (L/ R)

1. What short term goal / vision do you have for yourself? _____

2. What long term goal / vision do you have for yourself? _____

3. What have you done so far and has it helped you make progress? _____

4. Have you hit any limitations and if yes, what are they? _____

5. How do you view your overall health? _____

6. How can I help you achieve a better outcome? _____

Connected In Health!
Dr. Robin