

## Chiropractic Concierge Services Screening Questionnaire

Thank you for your interest in our exclusive chiropractic concierge services. To ensure we meet the unique needs of our exclusive clients, please take a moment to complete this brief questionnaire.

1. **What are your primary goals in seeking out a private chiropractic concierge service?**  
(e.g., personalized care, VIP treatment, enhanced health and wellness, convenience)

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2. **Have you previously used any private concierge services (e.g., medical, health, travel, or lifestyle)?**

- Yes  
 No

If yes, please share which services and your experience.

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3. **How would you describe your current approach to health and wellness?**

- Standard care  
 Premium, with a preference for tailored and exclusive services  
 Luxury, only seeking the best available in the market

4. **What aspects of convenience are most important to you?**

- On-demand access to your chiropractor  
 House or office visits  
 Minimal wait times and full scheduling flexibility  
 24/7 health support

5. **What level of personalization do you expect from your chiropractic care?**

- Standard treatments  
 Fully customized wellness plans, crafted specifically for me

6. **Are you interested in additional services such as private health consultations, wellness retreats, or access to elite health practitioners in other fields?**
- Yes, I value a comprehensive wellness approach
  - No, chiropractic care is my primary focus
7. **Do you travel frequently and require a chiropractor who can accommodate your lifestyle?**
- Yes, I need flexible services while traveling
  - Yes, and I may need my Chiropractor to travel to provide services
  - No, I primarily stay in one location
8. **What level of exclusivity do you seek in your health and wellness providers?**
- Standard care providers
  - High-profile providers who offer elite, members-only services
9. **How important is discretion and privacy to you in your healthcare experience?**
- Very important, I expect complete confidentiality
  - Moderately important
  - Not a major concern
10. **How often do you receive Chiropractic adjustments?**
- Never
  - Weekly
  - Monthly
  - As needed

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