



Gardner Family Chiropractic

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Baseline Assessment

Assign a number, 1-10, to each box that applies to you. 1 is low, 10 is high.

Behavior

- Impulsive
- Agression
- Cannot follow instructions
- Bites nails, picks or cuts skin
- Temper Tantrums/Meltdowns
- Reckless, cannot control actions
- Cannot sit still
- Damages property
- Eating disorders
- Withdrawal

Personality

- Defiant
- Overly self-conscious
- Detached from family
- No care for consequences
- Unable to handle disappointment
- Lack of respect to parents, teachers
- Difficulty making friends
- Distorted thinking
- Deceitfulness
- Anti-social

Learning

- Poor memory
- Language delays
- Easily distracted
- Difficulty concentrating
- Learning disability (Dyslexia, ADHD, etc.)
- Poor executive brain function
- Difficulty with logic/reasoning
- Lost interest in school
- Disrupts class

Immune System

- Asthma
- Allergies
- Frequent/Prologed illnesses
- Auto-immune problems (cancer, Diabetes, Lupus etc.)
- Headaches, stomachaches, joint pains, fatigue
- Severe reactions to minor infections
- Food intolerances
- Skin Conditions

Sensory Integration

- Lack of social skills
- Tics constant movement
- Fussy about textures
- Trouble with non-verbal cues
- Fearful of crowds, strangers, new environment, altered routine
- Developmental delays
- Insensitive to touch/pain
- Light/Sound sensitivity
- Clumsy/Poor Coordination

Emotions

- Anxiety
- Moodiness
- Feeling helpless
- Develops physical symptoms in response to emotional issues
- Social phobia/other phobias
- Inappropriate feelings
- Recurrent thoughts
- Inability to sleep
- Depression

Please write a short paragraph about your circumstance. Include any concerns you may have regarding your health, and how it effects/interferes with your daily quality of life: