

Client Qualifying Questionnaire

Check the boxes of those statements you agree with. Upon completion, if you have checked all of the boxes, the next step is a consultation with Doug Kelsey.

My pain / symptom is in one or more of the following body areas: hip, knee, ankle, back, shoulder, elbow.

I have intermittent aches and pains that interfere with my life.

My pain / symptom varies with positions or activity.

I want to eliminate the guesswork of getting better.

I am looking for a customized, step-by-step plan.

I have consulted other professionals, tried multiple ways of improving my problem or situation, and have not had success.

I have a strong desire to be active with a clear objective.

I am willing and able to commit to a long term process (3 or more months).

I am a self-starter and have a strong a desire to learn.

To arrange a consultation, please [email Doug Kelsey](#).