

Eden Chiropractic Wellness Center Corporate Wellness

Please complete this survey and fax it to (563)659-3183

Company Name: _____

Company Address: _____

Contact Name: _____ Position: _____ # of Employees: _____

Phone Number: _____ Fax Number: _____ Email: _____

If you would like to find out if your company's health insurance will cover any services, please write the name and phone number of your company's Benefit Manager: Name _____ Phone# _____

Next to each service, please write the numeral 1-4 using the legend below. Also, please check the location you desire for the service to be provided; on-site at your office or at Eden Chiropractic Wellness Center (or both).

(1) Very interested (2) Mildly interested (3) Not interested (4) Need more info 1-4 Onsite ECWC

Digital Nerve Scan (recommended for all employees min. 2x/yr) (10 min.) _____

Chiropractic Adjustments (minimum 1X/week to start) (5-10 minutes) _____

Chair Massage (5 minute increments) _____

Full Body Table Massage (30+ minutes) _____

Workshops

 WOW Wellness Workshop (60 min.) _____

 Carpal Tunnel Syndrome _____

 Headaches (30 Min.) _____

 Living With A Healthy Back (30 min.) _____

 Stress (30 min.) _____

 INNATE Wellness 4 Keys to Wellness (30 min.) _____

Eden Chiropractic Wellness Center

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