



Back To Life Chiropractic

4201 W Highway 146 · LaGrange, KY 40031
www.BackToLifeChiropracticKY.com · (502) 241-1122

NUTRITIONAL TEST - Nutritec Symptom Survey Form

1. Fill out Nutritec Symptom Survey Form.
EACH SECTION REPRESENTS A SYSTEM OF THE BODY

Write Results from *Nutritec Symptom Survey Form*:

SD _____ PD _____ SR _____ CV _____ LBIL _____ DIG _____

HT _____ hT _____ HP _____ hP _____ HA _____ hA _____

FEMALE _____ MALE _____

TOTAL SCORE

If your total scores add up to 0-5 score yourself a 3. 6-12 your score is a 2. 13 and greater give yourself a 1.

13 <

6-12

0-5

1 SICKNESS · CRISIS	2 AVERAGE	3. PREVENTION · WELLNESS
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RE-EVALUATE

30 DAYS 45 DAYS 90 DAYS 120DAYS 1/2 YEAR __YEAR

DATE _____ NAME _____

SP Outcome Assessment TEST	SCORE	
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