CHIROPRACTIC
Bringing Out The Best In You

Patient _____
Doctor _____
Date _____ Case # _____

New Patient
# Progress Report

***It's been ____days since your first adjustment. It's during the first few visits that many important questions arise. Please tell us how you are experiencing our office and our care and if you have any special requests or needs. This will help us help you on your journey towards wellness, wholeness and optimal function.***

1. How did your first adjustment feel? _____
_____
2. Was it what you expected? _____
_____
3. Did you notice any physical or emotional changes immediately after your adjustment?
_____
_____
4. Have you noticed any changes in sleeping patterns or dreams since your first adjustment? _____
_____
_____
5. How are you feeling?

- ❍ more energy
- ❍ better concentration
- ❍ improved digestion
- ❍ deeper breaths
- ❍ deeper relaxation
- ❍ more balanced posture
- ❍ better sleep
- ❍ more emotional balance
- ❍ improved strength and endurance
- ❍ better sports performance, reaction time/reflexes
- ❍ less pain
- ❍ no pain
- ❍ decreased headaches
- ❍ reduced medication
- ❍ eliminated medication
- ❍ more resistance to disease
- ❍ overall health improvement
- ❍ less stress
- ❍ greater range of motion

6. Are you cleansing or releasing old physical or emotional stresses or symptoms (retracing)?
_____
7. Is there anything you would like the doctor or staff to know? _____
_____
8. Any way we can make your experience here a more pleasant one? _____
_____
9. Are you pleased with your care? _____
_____
10. Is the doctor accessible to you? _____
_____
11. Would you like us to provide chiropractic information to a friend or relative?
Name(s)_____Contact information _____
_____
_____
_____