chiropractic

Bringing Out The Best In You!

New Patient Progress Report

Patient_____ Date_____

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 _____

_____

_____