

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?

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

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 _____