

chiropractic

Bringing Out The Best In You!

Active Patient Progress Report

Patient _____ Date _____

It's been ____ (days) (weeks) since you've (begun care) (been re-evaluated last) and **we'd like to know of your progress.**

There are generally two ways to evaluate a patient's progress—subjectively (**how you are feeling**) and objectively (using analysis devices). Here we'd like to know your subjective evaluation. This will help us help you on your **journey towards wellness, wholeness and optimal function.**

1. How do your adjustments feel? _____

2. Have you noticed any physical or emotional changes or changes in sleeping patterns or dreams? _____

3. Are you pleased with your care? _____

4. 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 | |

5. Are you cleansing or releasing old physical or emotional stresses or symptoms (retracing)? _____

6. Is there anything you would like the doctor or staff to know? _____

7. Any way we can make your experience here a more pleasant one? _____

8. Is the doctor accessible to you? _____

9. Would you like us to provide chiropractic information to a friend or relative?

Name(s) _____ Contact Information _____