

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

