## PATIENT PROGRESS ASSESSMENT & SURVEY

Our goal is to offer the very highest quality patient care possible. Would you help us by responding to these questions about your progress? We welcome all of your comments. Thank you.					
		NAME:			
Date care began: What was your major rea	son for beginning Chiropra	Today's Date:			
Circle the number which No 0 Improvement	represents your progress solution 12356	-78910 To	tal provement		
Do you feel your Chiropr	actor clearly understands y	our problem?			
Based on the Chiropracto	r's explanation of your pro	blem, do you understand v	what needs to be done?		
What activities can you do now that you could not do before starting care?					
What would you still like	to see improve?				
People usually notice other subluxations are corrected noticed any changes in the	er very positive changes in I and they start to live free e following areas?	their general health and w of nerve interference. Sin	ell being as their ce starting care, have you		
More Relaxed More Restful Stronger More Alert More Energy Better Memory Think more Clearly Better Moods Sleeping Better	☐ Better Hearing ☐ Better Coordination ☐ Fewer Headaches ☐ Clearer Vision ☐ Improved Blood Pressure ☐ Improved Elimination ☐ Less Indigestion ☐ Clearer Sinuses	☐ Easier Breathing ☐ Fewer Colds/Flus ☐ Fewer Allergy Signs ☐ Better Immunity ☐ Less Pain ☐ Fewer Backaches ☐ Less Dizzy ☐ Better Balance ☐ Fewer Neckaches ☐ More Flexible	☐ Less Joint Pain ☐ Walking Easier ☐ Sitting is Easier ☐ Standing is Easier ☐ Lifting is Easier ☐ Bending is Easier ☐ Driving is Easier		

WOMEN:	CHILDREN:		MEN:		
☐ More Regular Cycle ☐ Less Painful Periods	<ul><li>☐ Fewer Fevers</li><li>☐ Less Colic</li><li>☐ Fewer Earaches</li></ul>	☐ Less Bed Wetting ☐ Improved Behavior ☐ Fewer Growing Pains	☐ Night time Urination ☐ Burning on Urination ☐ Sexual function		
We strive to fully inform our patients about their care and explain Chiropractic & their health. How would you describe our educational efforts?					
	200				
<u></u>					
As with all private professionals, our practice is built upon referrals. We hope you tell others about your experience with Chiropractic and that they too may benefit from Chiropractic care. If you have any questions regarding having your family members or friends checked, please feel free to discuss your thoughts or concerns with us.					
☐ Yes, I would like to discuss my family health concerns					
$\square$ No, I may wish to involve my family or friends at another time.					
Patient Signature:		and the state of t			

Thank you for letting us serve you & your loved ones!