



PROGRESS REPORT

Name: _____

Date: _____

- 1. Do you have any questions regarding your care? **Yes No**
- 2. Which conditions have improved so far?

Please circle % of your overall improvement:

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- 3. Which conditions are still bothering you?

- 4. Is it easier when (please tick if Yes): Walking Standing Sitting Sleeping Other _____

- 5. Please circle if you have noticed any improvement in the following:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Digestion | <input type="checkbox"/> State of mind | <input type="checkbox"/> Strength | <input type="checkbox"/> Improved well-being |
| <input type="checkbox"/> Toilet habits | <input type="checkbox"/> Energy levels | <input type="checkbox"/> Stamina | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Sleep | <input type="checkbox"/> Reduced stress | <input type="checkbox"/> Eating Habits |

- 6. Have we been attentive to your specific concerns? **Yes No**

- 7. Is there anything you think the doctor should know concerning your condition/s?

- 8. Would you recommend Chiropractic care from this office to someone who could benefit from it? **Yes No**

- 9. What are your Health Goals through Chiropractic?

- Pain relief (**PATCH UP**)
- Pain relief + Spinal Rehabilitation (**RESTORE**)
- MAINTENANCE/PREVENTION/ WELLNESS**

- 10. Do you have any suggestions in ways that we can improve our practice?

- 11. Payment Options:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pay per visit | <input type="checkbox"/> Pre-Pay x12 (save 15%) | <input type="checkbox"/> Payment Plan – Direct Debit |
|--|---|--|

Signed: _____