



PROGRESSIVE REPORT

Your name:.....

Date:.....

1. What changes in your condition have you noticed since beginning care?
Positive changes _____
Negative changes _____
2. Have you been staying consistent with your outline adjustment program?
Yes No
3. Do you know why it is important to keep your adjustment program?
Yes No
4. On a scale of 1 to 10 rate the level of improvement of your symptoms so far.
No change 1 2 3 4 5 6 7 8 9 10 Condition Eliminated.
5. Would you say your improvement is:
1) Progressing at the speed you expected? 2) Taking longer than you expected? 3) Occurring much faster than you expected?
6. Please circle if you've noticed any improvement yet in the following:
Digestion Energy Levels Reduced stress
Walking Sleep Improved wellbeing
Breathing Strength Exercise
State of mind Stamina Eating Habits
7. Do you understand what subluxation is and the damaging effect it has on your health?
Yes No
8. We continually strive to educate our patients about their condition and explain chiropractic and their health. What have you learned most from our efforts?
9. Have you told others how you have benefited from chiropractic care?

Signed _____

Thanks a lot for the time you took to fill this out!