



SUBJECTIVE PROGRESS REPORT

Your Name:

Date:.....

1. Do you have any questions regarding your care?.....
.....
2. Which conditions have improved so far?.....
.....
3. Please circle % of your overall improvement:
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
4. Which conditions are still bothering you?.....
.....
5. Is it easier when (please circle if yes):
Walking Standing Sitting Sleeping Other (please name)
6. Please circle if you've noticed any improvement yet in the following:

Digestion	Energy Levels	Reduced Stress
Toilet Habits	Sleep	Improved Well Being
Breathing	Strength	Exercise
State of Mind	Stamina	Eating Habits
7. Have we been attentive to your specific concerns? Yes/No
.....
8. Is there anything you think the chiropractor should know concerning your condition/s?
.....
.....
9. Would you recommend Chiropractic care from this office to someone who could benefit from it?.....
.....
10. What are your health goals through Chiropractic? (**TICK**)
 (a) Pain Relief (**PATCH UP**) --- or
 (b) Pain Relief + Spinal Rehabilitation (**RESTORE**) --- or
 (c) Maintenance Care (**PREVENTION**) --- or
 (d) Wellness Care (**BEING YOUR BEST ALWAYS**)
11. If your details or address / phone number have changed please advise the chiropractic assistant.

Signed:.....

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