PROGRESS CHECK

Name: _____ Date: _____

1. Are you happy with your level of care? _____

2. Have you noticed any other problems since your last check-up, which have not been addressed?
_____

3. Place an "X" on the line to indicate the amount of pain/discomfort associated with your condition:

No Pain [0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10] Worst Pain Ever

- ***If this is your first progress check or you are receiving care for a specific condition, please answer all of the questions below.***
- ***If you have reached your target health and are now maintaining wellness through regular chiropractic care, please advance to question #8 and answer the remaining questions.***

4. Place an "X" on the line representing your progress so far:

No Improvement [0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10] Total Recovery

5. So far, I feel:

- ☐ More Relaxed
- ☐ Stronger
- ☐ More Restful
- ☐ More Alert
- ☐ No Change
- ☐ Other: _____

6. These things are easier:

- ☐ Walking
- ☐ Working
- ☐ Sitting
- ☐ Standing
- ☐ Lifting
- ☐ Bending
- ☐ Riding
- ☐ Sleeping
- ☐ Turning
- ☐ Driving
- ☐ Other:_____

7. These things are improved:

- ☐ Nerves
- ☐ Digestion
- ☐ Elimination
- ☐ Circulation
- ☐ Muscular Strength
- ☐ Headaches
- ☐ Breathing
- ☐ Ability to sleep
- ☐ Pain
- ☐ Backaches
- ☐ Neck pain
- ☐ Other: _____

- ***For all progress checks, please complete the following questions***

8. Please put a circle on each of the following five statements which is closest to <u>how you have been feeling over the last two weeks.</u>

Over the last two weeks	All the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
I feel cheerful and in good spirits	5	4	3	2	1	0
I feel calm and relaxed	5	4	3	2	1	0
I feel active and vigorous	5	4	3	2	1	0
I wake up feeling fresh and rested	5	4	3	2	1	0
My daily life is filled with things that interest me	5	4	3	2	1	0

… Please turn over to complete form

WATERLOO NORTH Chiropractic & Massage

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9. Do you have any questions about your health or care?

_____

10. Are there areas of your care in which you would like additional information?

_____

11. Do you have further goals you want to achieve in your health?

_____

12. If you were given exercises/stretches to do, have you been doing them as recommended?

□ Yes □ No □ Forgot about them □ N/A

13. At this point, are your exercises: □ Too Easy □ Comfortable □ Too Hard?

14. If you have any feedback about our office, please let us know:

_____

Consent to Consultation and Examination

I consent to consultation and examination to determine if chiropractic treatment would be beneficial to me. I understand that the examination may cause some tenderness and/or discomfort, but that it will be short-lived.

Name (print): _____ Signature: _____

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