

Practice Member Progress Assessment #4

Name _____ I began Chiropractic care on (date) _____

1. Are there any unanswered questions about your condition or progress to date? _____

2. So far I Feel:

<input type="checkbox"/> More relaxed	<input type="checkbox"/> More restful	<input type="checkbox"/> No change
<input type="checkbox"/> Stronger	<input type="checkbox"/> More alert	<input type="checkbox"/> Other _____

3. These things are easier:

<input type="checkbox"/> Walking	<input type="checkbox"/> Lifting	<input type="checkbox"/> Turning
<input type="checkbox"/> Working	<input type="checkbox"/> Bending	<input type="checkbox"/> Driving
<input type="checkbox"/> Sitting	<input type="checkbox"/> Riding	<input type="checkbox"/> Other _____
<input type="checkbox"/> Standing	<input type="checkbox"/> Sleeping	<input type="checkbox"/> _____

4. These things are improved:

<input type="checkbox"/> Nerves	<input type="checkbox"/> Muscular Strength	<input type="checkbox"/> Pain
<input type="checkbox"/> Digestion	<input type="checkbox"/> Headaches	<input type="checkbox"/> Backaches
<input type="checkbox"/> Elimination	<input type="checkbox"/> Breathing	<input type="checkbox"/> Neckaches
<input type="checkbox"/> Circulation	<input type="checkbox"/> Ability to Sleep	<input type="checkbox"/> Other _____

5. Please rate your overall progress on the line below.

0 ----- 10
No Improvement *Total Recovery*

6. Have you tried to refer anyone to Chiropractic? _____ What was their response? _____

7. What can we do to help you share Chiropractic with others? _____

Practice Member Signature _____ Today's Date _____