Whole Family Chiropractic
Progress Exam Questionnaire

PATIENT NAME: _____ **DATE: _____**

Periodically checking your progress is critical in making sure your doctor provides his/her best care. Please answer the following questions as candidly as possible. If you are unsure how to answer any questions, please be sure to ask your doctor when he/she meets with you during your re-exam consultation.

What Phase of Subluxation are you currently in? 1 2 3 4 Don't Know

On a scale of 0-100% please rate **your overall improvement** since beginning treatment up to this point:

NO CHANGE 0 10 20 30 40 50 60 70 80 90 100 BIG CHANGE

What part of your health **has improved the most** since beginning treatment:_____

During your care up to this point, how would you **describe the changes that have occurred**? Please check √ all that apply.

☐ Improved Energy/ Sleep	☐ Reduced Pain/ More Comfort	☐ Better Digestion	☐ Better Balance/ Movement
☐ Reduced Medications/ Stress	☐ Improved Libido	☐ Better Memory/ Focus	☐ Better Posture
☐ Fewer Colds/ Flu	☐ Improved Mood/ Focus	☐ Better Endurance	☐ Improved Blood Pressure
☐ Sitting Easier/Longer	☐ Driving Easier/ Longer	☐ Lifting Easier/Stronger	☐ Walking Easier/Longer

What part of your health **still concerns you the most** since beginning treatment:_____

Have you received your **home care recommendations** and any home care tools/ exercises? Yes No

On a scale of 0-10 rate your compliance with your **home care recommendations** up to this point:

0 1 2 3 4 5 6 7 8 9 10

Did Not Perform Homecare *Performed Some of the Time* *Performed Homecare Daily*

Up to this point, what was your **recommended treatment frequency** based on your condition? (*or how often were you getting adjusted)*

Daily 1x/Week 2x/Week 3x/Week Bi-Monthly Monthly Don't Know

On a scale of 0-10 rate your compliance with your **visit frequency** up to this point:

0 1 2 3 4 5 6 7 8 9 10

Missed Many Appointments *Missed Some Appointments* *No Missed Appointments*

Have you begun your **myotherapy** or massage treatments? YES NO

Is there anything regarding you care that you would like the Doctor to address with you?_____

How would you **explain to a family member or friend** how our office is unique relative to other doctors and what advanced chiropractic and structural rehab actually does:

a. Adjust the spine and rehabilitate your posture to relieve pressure on joints and improve health
b. Remove interference from nervous system to allow for optimal nerve supply to all vital organs, cells and tissues
c. Both a & b

Have your **family members** had a Spine and Nervous System check-up yet? YES NO

Would you like to take advantage of our **$100.00 off coupon** to participate in our **Healthy Family Spinal Check-Up Policy** or **Complimentary Posture Screen** since postural shifts and the resulting organ problems can be hereditary?

Who would you like to see get healthier that we could help you refer with a gift certificate from our office?

Name_____Health Problem_____Relationship to you_____Email/Phone_____

Name_____Health Problem_____Relationship to you_____Email/Phone_____

Please circle the following specific health issues that someone in your life is battling and who may need help or advice:

Fatigue	**Back/Neck Pain**	**Headaches**	**Diabetes**	**Blood Pressure/Cholesterol**	**ADD/ADHD**
Pregnancy	**New Born/ Nursing**	**Digestion Issue**	**Car Accident**	**Depression/ Anxiety**	**Too Many Meds**

Are you a member of any groups or organizations that would like for our Doctor(s) to speak? The Doctor(s) in our office have started the only 'Healthy Alaska Workshop Series' consisting of cutting-edge health information that is updated yearly. They often present on a variety of exciting topics, such as: "Nutrition 911", "Superhero-Superkids", "Cancer Killers","7 Habits of Highly Energetic People", etc.

Group Name _____Contact _____ Email/Phone _____