

Progress Exam

To help ensure that we are on the right track toward achieving your health goals, please tell us what types of changes you are experiencing

as your body begins the natural healing process.

First Name

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Last Name

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Your Initial Health Goals:

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How would you rate your progress toward these goals?

Worse No Change Improved

Have you noticed any improvements in any of the following?

Sleeping Walking/Running Flexibility/Mobility Sitting
 Energy Levels Emotional Stress Changing Habits Pain Management
 Family Life Work Life

Tell us about any changes you have noticed since beginning care:

Physical Changes (ex: less pain, more mobility, feeling stronger, etc.)

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Health Changes (ex. Fewer illnesses, less severe symptoms, etc.)

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Emotional Changes (ex. Better mood regulation, less anxious, etc.)

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Energy & Stress Levels (ex. Sleeping better, more energy, happier, etc.)

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Tell us about any new health challenges or stressors in your life:

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Your improvement so far is:

Taking longer than expected Progressing as expected Occuring faster than expected

Tell us about any new goals you have for care:

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Office Evaluation

We constantly strive to make our best even better for you and your family. Your feedback is important and appreciated!

How would you rate the care and concern shown by your doctor(s)?

excellent average poor

How would you rate the care and concern shown by our staff?

excellent average poor

How would you rate the training and competency of our doctor(s)?

excellent average poor

How would you rate the training and competency of our staff?

excellent average poor

Comments about our doctor(s)?

-

Comments about our staff?

-

What do you like most about our office?

-

What would you change about our office, staff, or procedures to improve your experience?

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