

Patient: _____

Date: _____



PROGRESS REPORT QUESTIONNAIRE

Periodically checking your progress is critical in making sure your doctor provides his 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 meets with you during your re-exam consultation.

Please circle your level of progress thus far

NO CHANGE 1 2 3 4 5 6 7 8 9 10

Please check all that apply:

<input type="checkbox"/> More relaxed	<input type="checkbox"/> Overall comfort	<input type="checkbox"/> Fewer colds/flu
<input type="checkbox"/> Better movement	<input type="checkbox"/> Better balance	<input type="checkbox"/> Improved mood
<input type="checkbox"/> More energy	<input type="checkbox"/> More back comfort	<input type="checkbox"/> Improved sleep
<input type="checkbox"/> More alert	<input type="checkbox"/> More neck comfort	<input type="checkbox"/> Better digestion
<input type="checkbox"/> Better endurance	<input type="checkbox"/> Walking easier	<input type="checkbox"/> Better blood pressure
<input type="checkbox"/> Sitting easier	<input type="checkbox"/> Driving easier	<input type="checkbox"/> Less headaches
<input type="checkbox"/> Standing easier	<input type="checkbox"/> Lifting easier	<input type="checkbox"/> Less congestion

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

Were there any new injuries or accidents since your last consultation with the Doctor?

Patient Signature: _____

Date: _____