

progressive examination@c4w

name _____

date _____

congratulations! You have now officially completed the initial phase of care. This questionnaire will enable us to determine how you are progressing. We have been able to release old subluxation patterns that your body has adapted to overtime. It is at this point of your chiropractic journey where we are able to rebuild your nervous system through lifestyle changes and some specific stretches/exercises in conjunction with your chiropractic care!

chiropractic care

1. What changes have you noticed in your body since initiating care?

positive changes...

negative changes...

2. On a scale of 1 to 10, rate the level of improvement of your body signs so far :

no change	1	2	3	4	5	6	7	8	9	10	body signs eliminated
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. On a scale of 1 to 10, rate the level of improvement of your spine and movement :

no change	1	2	3	4	5	6	7	8	9	10	100% improvement
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Which of these actions below are easier to perform :

standing	sleeping	exercising	bending	walking	driving	sitting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you (or others) noticed differences in your posture? If yes, please comment...

yes

no

6. Please tick if you have noticed any improvement in the following :

digestion	<input type="checkbox"/>	energy level	<input type="checkbox"/>	reduced stress	<input type="checkbox"/>	weight changes	<input type="checkbox"/>
elimination	<input type="checkbox"/>	sleep	<input type="checkbox"/>	improved well being	<input type="checkbox"/>	self image	<input type="checkbox"/>
breathing	<input type="checkbox"/>	strength	<input type="checkbox"/>	exercise	<input type="checkbox"/>	attitude towards others	<input type="checkbox"/>
state of mind	<input type="checkbox"/>	stamina	<input type="checkbox"/>	eating habits	<input type="checkbox"/>	productivity	<input type="checkbox"/>
sex life	<input type="checkbox"/>	alertness	<input type="checkbox"/>	menstruation	<input type="checkbox"/>	moods	<input type="checkbox"/>

7. Would you say your improvement is :

taking longer than you expected

occurring much faster than you expected

support

8. What kind of comments have you heard from your friends and family when you've told them about seeing a chiropractor?

9. What has been your greatest difficulty when explaining chiropractic and what we do to others?

education

10. Have monthly newsletters and handouts provided been informative? What do you like or dislike about them?

11. Have you attended the 'Creating Wellness Lecture'?

yes no

health goals

12. What are your goals with chiropractic care? (you can tick more than one)

<input type="checkbox"/>	get better	release	releasing old subluxations patterns purely for pain relief
<input type="checkbox"/>	stay well	re-build	releasing old subluxations patterns for pain relief and to rebuild your nervous system through lifestyle changes, postural/core stability exercises and regular chiropractic checks
<input type="checkbox"/>	feel alive	revitalise	to ultimately keep your nervous system revitalised through regular chiropractic checks and lifestyle changes

13. Would you like some information about our wellness program?

yes no

As with all private professionals, our practice is built upon referrals. Do you know just two people with whom you would share the benefits of chiropractic care? To each, we will extend a **complimentary spinal consultation**, a telephone **consultation** or an **information pack** on your behalf — and, if they choose to become a practice member, you will be one step closer to being rewarded from our gratitude rewards program!

name _____ address _____

name _____ address _____

WELCOME TO A GREATER LIFE!