

To help ensure that we are on track toward achieving your health goals, please tell us what types of changes you are experiencing as your body begins the natural healing process.

Patient Name: _____

Date: _____

YOUR WELLNESS GOALS

Your initial health goals were:

1. _____

How has it improved (circle one)? WORSE SAME BETTER

2. _____

How has it improved (circle one)? WORSE SAME BETTER

3. _____

How has it improved (circle one)? WORSE SAME BETTER

Have you noticed any improvements in the following?

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Flexibility/Mobility | <input type="checkbox"/> Sitting |
| <input type="checkbox"/> Walking & Running | <input type="checkbox"/> Changing Habits | <input type="checkbox"/> Work Life |
| <input type="checkbox"/> Emotional Stress | <input type="checkbox"/> Pain Management | |
| <input type="checkbox"/> Family Life | <input type="checkbox"/> Postpartum recovery | |

What kinds of changes you have noticed since the beginning of care?

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

Health Changes (ex: fewer illnesses, less severe symptoms etc.)?

Emotional Changes (ex: better mood regulation, less anxiety, etc.)?

Energy/Stress levels (ex: sleeping better, more energy, happier etc.)?

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

Your improvement so far is: Taking longer than expected
 Progress as expected
 Happening Faster than expected

Rate the impact of these improvements on your health: No impact
 Positive Impact

Rate the impact of these improvements on your quality of life: No impact
 Positive Impact

OFFICE EVALUATION

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

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

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

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

TESTIMONIAL

So many others struggle who could benefit from chiropractic,
would you mind sharing your story? Are we able to use these words on marketing materials?

Signature: _____ Date: _____