# Progress Evaluation

Name Date

Chiropractic can help much more than back pain. The nervous system controls everything in your body: your heart rate, your digestive system, your blood sugar levels, your moods, your sleep patterns, and much more. If there is interference between your nervous system and anywhere in your body (subluxations), how do you expect your body to respond? Subluxations have the potential to effect all of the areas listed in the chart below, plus more.

The purpose of the chart below is to get a clear perspective on how you experience different areas of life, what stresses you are being exposed to now or in the past, your intentions for health care, and what possibilities you see for yourself in terms of having a sense of peace, flexibility and balance in your body-mind-spirit. I am happy to say that many practice member express changes in these areas when under regular chiropractic care. I am here to help you with unleashing this power in your body-mind-spirit.

|  |  |  |  |
| --- | --- | --- | --- |
| *Please rate your experience on a scale from 1 to 10 in the following areas:* | *Past Experience* | *Present Experience* | *Future Intentions* |
| Ideal health | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Diet / water intake | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Meditation | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Exercise | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Chiropractic care | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Health changes | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Medication / drug use | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Chemical exposure | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Family relationships | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Friend relationships | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Romantic relationships | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Home activities | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Work activities | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Leisure activities | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |
| Most stressful event | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 | 1 2 3 4 5 6 7 8 9 10 |

# Progress Evaluation

Patient Name Date

*Initial reported symptoms:*

1. Location:

Quality:

Frequency: x / week / month Severity: 1 2 3 4 5 6 7 8 9 10

Improves with: Worse with:

1. Location: Quality:

Frequency: x / week / month Severity: 1 2 3 4 5 6 7 8 9 10

Improves with: Worse with:

1. Location: Quality:

Frequency: x / week / month Severity: 1 2 3 4 5 6 7 8 9 10

Improves with: Worse with:

*Initial limitations:*

At home: hours / days per week / month At work: hours / days per week / month With hobbies: hours / days per week / month

Estimate the amount your overall health has improved since your first visit: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Indicate what % you have followed the doctor’s recommended appointments: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

What surgeries have you avoided or postponed?

Have you attended our Orientation? Yes / No Did you find it beneficial? Yes / No

Define a *subluxation*:

What is the long-term importance of receiving spinal adjustments?

To whom would you recommend Lighthouse Chiropractic?

How can we continue to better serve you?

Signature: Date: