

HARMONY CHIROPRACTIC ARTS
PROGRESS QUESTIONNAIRE

NAME: _____ DATE: _____

Began chiropractic care on (date): _____

PLEASE ANSWER ALL QUESTIONS BELOW WHICH APPLY:

1. Please write about your current condition and progress to date in reference to your original symptoms. _____

2. What symptoms have improved? _____

3. Changes in general:

- | | |
|--|--|
| <input type="checkbox"/> a. Stronger | <input type="checkbox"/> c. More relaxed |
| <input type="checkbox"/> b. More alert | <input type="checkbox"/> d. More restful |

4. Things that are easier:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> a. Walking | <input type="checkbox"/> e. Lifting |
| <input type="checkbox"/> b. Working | <input type="checkbox"/> f. Bending |
| <input type="checkbox"/> c. Sitting | <input type="checkbox"/> g. Riding |
| <input type="checkbox"/> d. Standing | <input type="checkbox"/> h. Sleeping |

5. Things that have improved:

- | | |
|---|---|
| <input type="checkbox"/> a. Nerves | <input type="checkbox"/> f. Muscular Strength |
| <input type="checkbox"/> b. Digestion | <input type="checkbox"/> g. Headaches |
| <input type="checkbox"/> c. Elimination | <input type="checkbox"/> h. Breathing |
| <input type="checkbox"/> d. Circulation | <input type="checkbox"/> i. Ability to sleep |
| <input type="checkbox"/> e. Pain | <input type="checkbox"/> j. Back or neck ache |

6. Is there anything else you feel needs attention? No Yes: _____

7. Have your expectations been met? Yes No

8. Are there people you know who may benefit from our care? _____

Thank you for your time and effort in filling out this form. It will be of great help to us in our efforts to provide the best possible health care for our patients.

Signature: _____