Peacehaven Chiropractic

Progress Review

Name_____ Date_____

Our purpose is to help relieve pain, restore health and improve the quality of life in each patient we accept for care. Please help us serve you better by responding to these questions about your progress.

Please indicate your health goals through chiropractic care.

◉ Pain relief only ○ Correction and rehabilitation ○ Fully functioning nervous system

On a scale of 1 to 10: (1= poor 10= excellent) Describe your current health.

Have we been attentive to your health needs? Yes No

Would you recommend us to your family and friends? Yes No

Can you think of someone specific who can benefit from Chiropractic care? Yes No

If you do recommend us make sure the referred person tells us about the referral so that we can send you our reward voucher once they come to see us.

If you answered No to any of the above please can you give us more information.

_____

_____

Please indicate if you have noticed an improvement in any of the following:

☐ Bowel function ☐ Eating Habits ☐ Reduced Stress ☐ Allergies ☐ Sleep

☐ Breathing ☐ Energy levels ☐ Exercise ☐ Strength ☐ Digestion

☐ Stamina ☐ Standing ☐ Sitting ☐ Walking ☐ Well being

What symptoms are still bothering you? _____

_____

Are there any areas that you would like more help with in the future for example exercises posture, evaluation, nutrition? Please let us know. We are here to help you lead a healthier life.

_____

Signature: _____

(Typing your name in the above box is considered as signing the form with your signature).