**Progress Evaluation 1**

In your progress evaluation we are looking for changes since your first visit into this office.

**What health challenge (s)/ pain (s) originally brought you to our office?**

**Has it:** ⧠ Gotten Worse ⧠ Stayed the Same ⧠ Gotten Better

**How often does this pain/discomfort occur now?**

**What makes it better?** **Makes it worse?**

**Describe what it feels like now:** ⧠ Sharp ⧠ Dull ⧠ Aching ⧠ Shooting ⧠ Other:

**Rate it on a scale of 1 to 10:**

⧠ 1 ⧠ 2 ⧠ 3 ⧠ 4 ⧠ 5 ⧠ 6 ⧠ 7 ⧠ 8 ⧠ 9 ⧠ 10

(1 being non-existent – 10 being severe pain)

**How is this concern ‘still’ interfering with your life?**

**What changes have you seen occur during your first part of care?**

Overall Quality of Life: ⧠ Worse ⧠ No Change ⧠ Improving ⧠ Optimum

Sleeping: ⧠ Worse ⧠ No Change ⧠ Improving ⧠ Optimum

Mood, Thinking, Concentration: ⧠ Worse ⧠ No Change ⧠Improving ⧠ Optimum

Energy Levels: ⧠ Worse ⧠ No Change ⧠ Improving ⧠ Optimum

Ability to Move: ⧠ Worse ⧠ No Change ⧠ Improving ⧠ Optimum

Ability to perform your usual household activities: ⧠ Worse ⧠ No Change ⧠ Improving ⧠ Optimum

Ability to perform recreational activities: ⧠ Worse ⧠ No Change ⧠ Improving ⧠ Optimum

**Chiropractic Awareness**

**What are Subluxations?**

⧠ Bones rubbing on bones ⧠ Nerve over-stimulation

⧠ Vertebra of the spine out of alignment, interfering with nerve function.

**What causes subluxations?**

⧠ Medications ⧠ Life ⧠ Food ⧠ Physical, chemical & Emotional Stress

⧠ All of the above

**Is chiropractic designed to relieve only back pain?** ⧠ Yes ⧠ No

**Is it safe for newborns to get adjusted?** ⧠ Yes ⧠ No