

PATIENT PROGRESS EXAM REPORT

NAME: _____ SIGNATURE: _____ DATE: _____

We pride ourselves on excellent service of Chiropractic Care here at Wellspring Chiropractic.
Please rate our Service and Competency:

Disorganized & Unprepared

Efficient & Knowledgeable

1 2 3 4 5 6 7 8 9 10

ON A SCALE OF 1 TO 10, PLEASE RATE YOUR LEVEL OF IMPROVEMENT SO FAR:

No Change

Major Change

1 2 3 4 5 6 7 8 9 10

Are there any changes you have noticed since the start of your care (even if minor)?

Positive: _____

Negative: _____

We correct subluxations in this office – How would you define **SUBLUXATION** in your own words?

Have you noticed any **SYSTEMS** of the body functioning better since your subluxations have been reduced (e.g. Respiratory, Digestive, Circulation, Immune, Muscular, Reproductive, etc.)?

What medications have you been able to **REDUCE** the dosage of or **STOP** taking altogether since beginning Chiropractic Care?

While most of our Chiropractic Miracles occur near the end of Corrective Care, we find that many patients can experience these miracles sooner, as the nervous system begins to function optimally again. Please circle or write in any MIRACLES listed below that you have already experienced.

WOMEN

Improved digestion
 More regular/comfortable cycles
 Improved thyroid function
 Improved sexual function/fertility
 Positive mood changes
 Improved sleep /energy
 Other: _____

CHILDREN

Improvement with colic
 Improvement with earaches
 Improvement with bed-wetting
 Improved behavior
 Better grades
 Asthma/Allergies relieved
 Other: _____

MEN

Reduced prostate irritation
 Improved sexual function/fertility
 Reduced acid reflux
 Improved digestion
 Improved sleep/energy
 Less stress
 Other: _____

GOLDEN ATHLETES (60+ Years Old)

Improved balance
 Improved vision

Improved coordination
 Improved hearing

Improved memory
 Other: _____

Do you have any questions for the Doctor regarding your health?

What do you like most about our office?

Have you liked our Glanmire Chiropractic page on Facebook?	YES	NO
Have you visited our Website?	YES	NO
Have you provided us with a Google Review yet?	YES	NO
Have you had your child's Complimentary Health Consultation done yet in our office?	YES	NO

As with all private professionals, our practice is built upon referrals. Please list names of people you feel would benefit from a COMPLIMENTARY consultation and EXAMINATION. Please circle YES if you would like us to call these referrals on your behalf for their initial exams.

NAME: _____	YES	NO
NAME: _____	YES	NO
NAME: _____	YES	NO