

Progress Report

Name: _____

Date: _____

How well do you feel your care has met the expectations you had from the start?

- ☐ Has not met my expectations
- ☐ Right on track of my expectations
- ☐ Has exceeded my expectations

At this point in your care, which aspect of your health and well-being is most important to you?

Your subluxation pattern is the root cause of your health problem. How can we help you be more consistent with breaking that pattern?

- ☐ Adjustment rhythm/schedule
- ☐ Corrective exercise commitment
- ☐ Breaking my bad habits