

# Anniversary of Care Plan Progress Evaluation

Name \_\_\_\_\_ Date \_\_\_\_\_

At the end of your care plan the doctor reviews your findings with a short advanced workshop at the same time and gives you his recommendations for your care. This is incredibly valuable for your healing and helps shape your vision for your health and care going forward. Your x-ray is pre-scheduled for \_\_\_\_\_

## **DR. WOOD'S RECOMMENDATIONS FOR YOUR NEXT CARE PLAN ARE DETERMINED BY:**

1. How well your posture has corrected and maintained correction.
2. How well your subluxation patterns have corrected.
3. How many adjustments you require each visit currently.
4. The similarity in adjustments you need from visit to visit.
5. How your lifestyle habits and work conditions contribute to your subluxation pattern.
6. How well you followed homecare recommendations (core exercises, Denneroll, mirror image exercises, etc.).
7. The amount of underlying ligament, tendon, and muscle damage which is determined by how long the problems have been present and old injuries you may have had.
8. How much stress you are under physically, chemically, and emotionally.

How do **you** determine when it is time to have your spine and nervous system examined?

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## **The Wellness Phase of Care is the Most Important Phase of Care**

During your initial care, a lot of time and effort was spent to restore your health and healing ability. Wellness care is taking care of your spine and nervous system in order to allow healing to go deeper and deeper and to stay well. Research done on people under several years of Chiropractic care has shown that they often get healthier every year due to significant increases in function, including immunity. One such study done at New York University by Ronald Pero, Ph.D., showed that people who had been under Chiropractic care for 5 years or more had 200% greater immune cell activity than people not under Chiropractic care and 400% greater immunity than cancer patients. The benefits we have seen in families under Chiropractic Wellness Care are immeasurable. This will help you and your family to cope with daily stresses of life and continue making progress in moving towards optimum health. The closer you and your family get to an optimum level of health, the less medications you use, the less you are sick, and the faster you heal from illness and injury.

## **MOST IMPORTANTLY, YOU PREVENT INJURY, ILLNESS AND DISEASE.**

By correcting your spine as much as possible and then correcting subluxations as they happen you have your best chance to get well and stay well for the rest of your life.

Discuss your thoughts about lifetime wellness care

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When patients start corrective care one of the common reasons is because they are finding it difficult to do activities they enjoy or need to do. What activities did you want to do more of?

\_\_\_\_\_ Are you able to do these more? \_\_\_\_\_

How would you describe the **changes your care** has had on your life? (Example: able to lift grandkids, sick less often, able to run, better sleeping, better mobility, improved golf score, etc.)

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What, if anything, needs to change over the next year for you to be happy with your results here?

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OPTIMAL SPINE

OPTIMAL HEALTH

FULLY ALIVE

What is your present goal with coming to our office for adjustments?

How would you describe what it takes to get well, stay well and prevent disease?

Please list any questions or concerns you may have which have not been addressed?

**Tell Us About Your Contribution To Your Results and Healing**

How many times per week are you using your assigned home unit (Denneroll/wedge) 1-3 4-7 never

How many times per week are you doing spinal hygiene/core exercises? 1-2 3-5 never

How many times per week are you doing other exercise? 1-2 3-5 never

Have you started any of the following programs to support your body's ability to heal?

**Fish Oil      Probiotics      Vitamin D      Lifestyle Challenges      Advanced Workshops**

List any specific things that you know or suspect that may be potentially holding you back from reaching your health goals? \_\_\_\_\_

Please identify any health goals you have at this time?

Reduce Toxicity      Healthier Spine      Better Diet      Better Digestion      Reduced Stress  
Vitamin Intake      Better Sleep      Reduce Medication      Build Muscle      Lose Weight  
Healthier Heart      Improve Exercise      Detox      Healthier Skin      Better Immune System

Other: \_\_\_\_\_

How committed are you to reaching your health goals? 1 2 3 4 5 6 7 8 9 10

Has your family been checked for subluxation? Yes No (if no, why not?)

**Wellness Care – How Would You Like Us To Serve You?**

What is your main goal for your care? (Check those that apply)

to get out of pain      to get healthy and stay healthy for the rest of my life      other: \_\_\_\_\_

You don't try to adjust yourself do you? Deciding how often you should get adjusted is risky too but if you have specific goals for your care frequency, we want to discuss that together. The Doctor will be making his recommendations for your schedule of wellness care. What is your desire for ongoing care?

- 1. I plan to follow through with the care schedule Dr. Wood recommends for getting optimal results.
- 2. I want to follow through with the recommended schedule but I have questions/concerns about following through pertaining to finances time and scheduling other \_\_\_\_\_

If your situation limits your care, it limits it to one adjustment every \_\_\_ weeks

- 3. I don't plan to follow through with further corrective care or wellness care

Please tell us why \_\_\_\_\_

- 4. Do you have any concerns or questions about your **financial** care plan?

Are you currently receiving our office emails for notices and announcements? If not, enter your email: \_\_\_\_\_

***Thank you for the privilege of serving you. We know that you have many options when it comes to your healthcare, and we continue to appreciate that you choose us! 😊 Please See Lisa for a consultation and x-rays for your family and friends for \$35 saving them up to \$125.***

**Office Use Only:**

**Doctor's Recommendations for care:**

**WW BWW \_\_\_\_\_ W Re-xray \_\_\_\_\_ T Other: \_\_\_\_\_**

For ongoing care, the patient chooses option **1 2 3 Other:**