



Premier Wellness Chiropractic

Bringing wellness within reach

411 Congress Parkway Suite C
Crystal Lake, IL 60014
815.455.8213
premierwellnesschiro.com

PROGRESS EXAM QUESTIONNAIRE

Our goal at PWC is to offer the highest quality chiropractic care to you, your family and the community. Would you help us by responding to these questions about your progress? Changes often happen quickly during your care as your body begins the natural healing process. Many patients neglect to tell us about them. Here is a way you can help us help you.

Patient Name _____ Date _____

CARE

What CHANGES have you noticed since beginning care?

Physical changes: _____

Health changes: _____

Emotional changes: _____

Have you noticed improvements in any of the following?

☐ Sleeping ☐ Walking ☐ Running ☐ Sitting ☐ Energy Levels ☐ Mental/Emotional Stress ☐ Housework

On a scale of zero to ten, rate the level of improvement of your HEALTH so far:

No change

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Major change

On a scale of zero to ten, rate the impact of this improvement on your QUALITY OF LIFE:

No change

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Major change

Would you say your improvement is:

☐ Progressing at the speed you expected ☐ Taking longer than you expected ☐ Occurring much faster than you expected

Do you understand why chiropractic care is important for children? ☐ Yes ☐ No

STAFF

How would you rate the concern shown by our staff?

Uninterested

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Deeply Concerned

How would you rate the training, qualifications and competency of our staff?

Unorganized/Unprepared

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Efficient & Knowledgeable

Is there anyone who has been especially helpful? _____

What would you change about our staff, office, or procedures to improve the quality of care? _____

What do you like most about our office? _____

We strive to fully inform our patients about their care, and explain how chiropractic relates to their health. How would you describe our educational efforts such as our workshops, lending library, and message boards?

☐ Excellent, I've learned a lot ☐ Helpful and interesting ☐ Still leaves some questions unanswered
☐ Could be significantly improved ☐ Waste of patient's and staff's time

What kind of comments have you heard from your friends or family when you've told them about chiropractic?

Do they offer you positive support when you tell them about your chiropractic program of care? ☐ Yes ☐ No

Ever since we first opened our doors, our practice has grown through referrals. We have cared for friends and family referred to us by our existing patients. Some people come for an answer to their spine or health problems and others come to prevent, improve or optimize their health. Please allow us to help the people you care about by sharing their names with us. We will discuss with you how to best inform them about the unique services available at Premier Wellness Chiropractic.

Name _____ Relationship _____

Name _____ Relationship _____

Please mention any other general comments about our office: _____

Patient Signature _____ Date _____

As you know, we provide our wellness workshops both here at PWC and in the community through our Community Impact program. If you are interested in having the doctors present any of our wellness workshops at your place of work, a group you are part of, or your children's school, please list them here along with any relevant contact information we would need.

Thank you for helping us make a positive impact on the community.



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DETAILED REVIEW OF SYSTEMS

Patient Name _____ Date _____

CARDIOVASCULAR

○ N/A

Present Past

- ☐ ☐ Poor Circulation
- ☐ ☐ High Blood Pressure
- ☐ ☐ Aortic Aneurysm
- ☐ ☐ Heart Disease
- ☐ ☐ Heart Attack
- ☐ ☐ Chest Pain
- ☐ ☐ High Cholesterol
- ☐ ☐ Pacemaker
- ☐ ☐ Jaw Pain
- ☐ ☐ Irregular Heartbeat
- ☐ ☐ Swelling of Legs
- ☐ ☐ Stroke

GENITOURINARY

○ N/A

Present Past

- ☐ ☐ Kidney Disease
- ☐ ☐ Lower Side Pain
- ☐ ☐ Burning Urination
- ☐ ☐ Frequent Urination
- ☐ ☐ Blood in Urine
- ☐ ☐ Kidney Stone
- ☐ ☐ Bed Wetting/Enuresis
- ☐ ☐ Prostate Problems
- ☐ ☐ Rectal Prolapse

HEMATOLOGICAL/LYMPHATIC

○ N/A

Present Past

- ☐ ☐ Poor Circulation
- ☐ ☐ High Blood Pressure
- ☐ ☐ Aortic Aneurysm
- ☐ ☐ Heart Disease
- ☐ ☐ Heart Attack
- ☐ ☐ Chest Pain
- ☐ ☐ High Cholesterol
- ☐ ☐ Pacemaker
- ☐ ☐ Jaw Pain
- ☐ ☐ Irregular Heartbeat
- ☐ ☐ Swelling of Legs
- ☐ ☐ Stroke

RESPIRATORY

○ N/A

Present Past

- ☐ ☐ Asthma
- ☐ ☐ Shortness of Breath
- ☐ ☐ Upper Resp. Infection
- ☐ ☐ Cold/Flu
- ☐ ☐ Pneumonia
- ☐ ☐ Cough/Wheezing
- ☐ ☐ Emphysema
- ☐ ☐ RSV
- ☐ ☐ Tuberculosis

EAR/NOSE/THROAT

○ N/A

Present Past

- ☐ ☐ Sinus Congestion
- ☐ ☐ Sinus Infection
- ☐ ☐ Nosebleed
- ☐ ☐ Sore Throat
- ☐ ☐ Difficulty Swallowing
- ☐ ☐ Ear Ache
- ☐ ☐ Ear Infections
- ☐ ☐ Dizziness
- ☐ ☐ Hearing Loss
- ☐ ☐ Bleeding Gums

EYES

○ N/A

Present Past

- ☐ ☐ Glaucoma
- ☐ ☐ Double Vision
- ☐ ☐ Blurred Vision
- ☐ ☐ Red, Itchy (Allergy)

ALLERGIC/IMMUNOLOGICAL

○ N/A

Present Past

- ☐ ☐ Autoimmune Disorder
- ☐ ☐ Chronic Allergies
- ☐ ☐ Seasonal Allergies
- ☐ ☐ Food Allergies
- ☐ ☐ Environmental Allergies
- ☐ ☐ Allergy Shots
- ☐ ☐ Cortisone Use
- ☐ ☐ HIV/AIDS
- ☐ ☐ Hives
- ☐ ☐ Weak Immune System

GASTROINTESTINAL

○ N/A

Present Past

- ☐ ☐ Pancreatitis
- ☐ ☐ Acid Reflux
- ☐ ☐ Bowel Problems
- ☐ ☐ Constipation
- ☐ ☐ Upset Stomach
- ☐ ☐ Gas Pains
- ☐ ☐ Ulcers
- ☐ ☐ Gallbladder Problems
- ☐ ☐ Liver Problems
- ☐ ☐ Diarrhea
- ☐ ☐ Nausea/Vomiting
- ☐ ☐ Poor Appetite
- ☐ ☐ Bloody Stools
- ☐ ☐ Crohn's Disease
- ☐ ☐ Hiatal Hernia

MUSCULOSKELETAL

○ N/A

Present Past

- ☐ ☐ Chronic Hip Dislocation
- ☐ ☐ Torticollis
- ☐ ☐ Poor Posture
- ☐ ☐ Neck Pain
- ☐ ☐ Back Pain
- ☐ ☐ Arthritis
- ☐ ☐ Rheumatoid Arthritis
- ☐ ☐ Joint Stiffness
- ☐ ☐ Muscle Weakness
- ☐ ☐ Osteoporosis
- ☐ ☐ Broken Bones
- ☐ ☐ Joint Replacement
- ☐ ☐ Gout

NEUROLOGICAL

○ N/A

Present Past

- ☐ ☐ Tic Disorder
- ☐ ☐ Seizures
- ☐ ☐ Head Injury
- ☐ ☐ Brain Aneurysm
- ☐ ☐ Numbness/Tingling
- ☐ ☐ Pinched Nerves
- ☐ ☐ Radiating Pain
- ☐ ☐ Sciatica
- ☐ ☐ Parkinsons Disease
- ☐ ☐ Carpal Tunnel
- ☐ ☐ Balance/Coordination

NEUROLOGICAL CONTINUED...

☐ ☐

- ☐ ☐ ADHD/ADD/Sensory Processing Disorder
- ☐ ☐ Autism/Spectrum Disorder
- ☐ ☐ Migraine Headaches
- ☐ ☐ Bell's Palsy
- ☐ ☐ Poor Fine/Gross Motor Skills
- ☐ ☐ Epilepsy
- ☐ ☐ Inflammation
- ☐ ☐ Trigeminal Neuralgia
- ☐ ☐ Ear Ringing/Tinnitus
- ☐ ☐ Auditory Processing
- ☐ ☐ Toe Walking
- ☐ ☐ Sinus Headache
- ☐ ☐ Tension Headache
- ☐ ☐ Vertigo/Dizziness
- ☐ ☐ Sensory Integration

ENDOCRINE

○ N/A

Present Past

- ☐ ☐ Hyperthyroid Issues
- ☐ ☐ Hypothyroid Issues
- ☐ ☐ Type 1 Diabetes
- ☐ ☐ Type 2 Diabetes
- ☐ ☐ Hair Loss
- ☐ ☐ Menopausal
- ☐ ☐ Menstrual Problems
- ☐ ☐ Hot Flashes
- ☐ ☐ Endometriosis
- ☐ ☐ Polycystic Ovarian Syndrome
- ☐ ☐ Hashimoto
- ☐ ☐ Graves

PSYCHIATRIC

○ N/A

Present Past

- ☐ ☐ Depression
- ☐ ☐ Anxiety Disorder
- ☐ ☐ Unusual Stress
- ☐ ☐ OCD
- ☐ ☐ Bipolar Disorder
- ☐ ☐ Seasonal Affective Disorder
- ☐ ☐ Mood Swings
- ☐ ☐ Social Anxieties
- ☐ ☐ Memory Loss
- ☐ ☐ Night Tremors

CONSTITUTIONAL

○ N/A

Present Past

- ☐ ☐ Weight Loss/Gain
- ☐ ☐ Energy Level Low
- ☐ ☐ Energy Level High
- ☐ ☐ Difficulty Sleeping
- ☐ ☐ Chronic Fatigue
- ☐ ☐ General Malaise
- ☐ ☐ Compulsive Behavior
- ☐ ☐ Behavior Issues
- ☐ ☐ Learning Disabilities
- ☐ ☐ Speech Delays
- ☐ ☐ RLS
- ☐ ☐ Pregnancy/Fertility
- ☐ ☐ Obesity