

Progress Exam Questionnaire

Patient Name: _____

Date: _____

Current Health Concerns

List your initial Health Concerns: _____

How would you rate your improve so far, since beginning care?

Excellent Good Fair Poor No Change

On a scale of 0 - 10, how would currently rate your pain/ discomfort? _____

Have you noticed any improvements in any of the following?

Sleep Walking/ Running Flexibility/ Mobility Sitting Energy Levels
 Focus Mood Pain Management Balance Coordination Alertness
 Strength Overall Comfort

What health concerns are you still experiencing? _____

List any NEW conditions or symptoms you have noticed.

Wellness Profile

On a Scale of 1-10, rate your current state of health(1 = Poor, 10 = Excellent) _____

How would rate your current progress toward you health goals?

Better No Change Worse

Have you made any changes in your lifestyle since starting care at Telos Chiropractic? _____

OFFICE FEEDBACK

How would you rate your care experience with Telos Chiropractic?

Excellent Good Fair Poor

How would rate the your experience with the Doctor?

Excellent Good Fair Poor

Do you have any suggestions/comments/questions concerning the office, staff, or procedures so we can improve your experience? _____

Based on your experience, would you refer someone to this office? Yes No

The statements made on this form are accurate to the best of my recollection and I agree to allow the office to examine me for further evaluation.

Patient Name

Signature

Date