

Back to Health Wellness Centre

Progress Check Questionnaire

Progress Check - **Please bring a pair of shorts and a T-shirt to this appointment.** This appointment will reassess your condition from your initial visit until now, and normally does not include x-rays or foot scan information.

This appointment is **30 minutes** and your regular chiropractic treatment will follow directly after the progress check.

Progress Check Report - Differences between your initial exam and this progress check will be discussed with Keri-Lyn at your next appointment. This appointment takes approximately **30 minutes**. Following the appointment, you will see Dr. Rodwin for your treatment.

NOTE: IF A FIELD DOES NOT APPLY PLEASE ANSWER "N/A" or NOT APPLICABLE

Name

Email

Please answer Y (yes) or N (no) and/or explain where applicable.

In your opinion, has the general condition of your health improved?

Which symptoms have improved?

Can you now engage in activities which were prohibited or limited by your previous condition?
Which activities?

Have you been careful to avoid bumps, falls, and sudden shock that might re-injure your: spine, shoulder, elbow, wrist, hip, knee or feet, during the period required for re-adaptation?

Have you followed the recommendations of this office regarding posture changes at work, sleep, rest, icing and stretching?

Has there been any recurrence of symptoms you experienced prior to becoming a patient of this office?

Are the symptoms (if any) different in any way to those previously experienced?

Do you feel that you have given chiropractic the fullest opportunity to help you so far?

Are you pleased with your chiropractic care thus far?

If not, how can we improve it for you, so you can reach maximum benefit?

Any additional things you have noticed?

Please select the changes in your general feelings:

Nerve pain (if applicable)

More flexibility

Muscular Strength

Pain

Headaches/Migraines (if applicable)

Are there any new conditions or symptoms noticed?

On a scale of one to ten, rate your improvement under chiropractic care

Please describe your present condition, to the best of your ability

The three goals of care are:

- 1 **Relief Care** - To relieve the pain/symptoms. (Phase 1)
- 2 **Corrective Care** - To correct the cause of the pain/problem and strengthen your body in its better position. (Phase 2)
- 3 **Preventative Care** - To prevent the reoccurrence of pain and to increase overall wellness. This care will catch problems before you have to experience symptoms as injuries occur in day to day life. (Phase 3)

Which phase do you presently feel you are in?

Are you confused or concerned about any phase of your progress? (If so, please explain)

Do you have any question about your progress or condition?

Have you referred anyone to Chiropractic? (If yes, what were their conditions or symptoms?)

Thank you for completing the Progress Check Questionnaire. Please choose one of the following methods to send this form to the Back to Health Wellness Centre:

Email

Choose "File" menu above and select "Attach to Email". Click on "Attach" on right hand side. Send to reception@back2health4you.com

Print and Fax

Choose "File" menu above and select "Print"
Fax to 613-237-3100