SUBJECTIVE PROGRESS REPORT

NAME	DATE	
1.	Do you have any questions regarding your care? YES NO Comments	
2.	What conditions have improved so far?	
3.	What conditions are still bothering you?	
4.	Please rate your progress so far: 1 2 3 4 5 6 7 8 9 10 Very Poor Excellent	
5.	Have you noticed improvement when (Please "x" if yes): WALKING STANDING SITTING SIEEPING	
6.	Please note if you've noticed any improvement in the following:DIGESTION IENERGY LEVEL IELIMINATION ISLEEP IBREATHING ISTRENGTH ICOMPOSURE ISTAMINA I	
7.	Have we been attentive to your specific concerns? YES \Box NO \Box	
8.	Is there anything you think the doctor should know concerning your condition?	
9.	What conditions do you think could be helped with chiropractic care? LOW BACK PROBLEMS D STIFFNESS & SORENESS OF THE NECK DHIP PROBLEMS TENSION BETWEEN THE SHOULDER BLADES DIMPROVED GENERAL MOBILITY MIGRAINE HEADACHES DIMPROVED FUNCTION OF ALL INTERNAL ORGANS	
10.	Would you recommend chiropractic care from this office to someone who could benefit from it?YES NO If yes, then to whom?	
11.	Given your current understanding of chiropractic, and the results you've achieved, what are your goals through chiropractic care? JUST PAIN RELIEF PAIN RELIEF, PLUS IMPROVED STRUCTURAL STABILITY OF MY SPINE PAIN RELIEF, IMPROVED STABILITY, AND <i>MAINTAINING</i> MY IMPROVEMENT	

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