



CONFIDENTIAL Progress Assessment Form

Name _____ Date _____

People usually notice very positive changes in their overall health and well-being as the function of their nervous system begins to improve. Please indicate if you have noticed changes in any of the following areas:
(= YES; = SIGNIFICANT IMPROVEMENT)

- | | | |
|--|--|---|
| <input type="checkbox"/> More Relaxed | <input type="checkbox"/> Improved Coordination | FOR WOMEN: |
| <input type="checkbox"/> More Rested | <input type="checkbox"/> Decreased Headaches | <input type="checkbox"/> More Regular Cycles |
| <input type="checkbox"/> Stronger | <input type="checkbox"/> Improved vision | <input type="checkbox"/> More Comfortable Cycles |
| <input type="checkbox"/> More Alert | <input type="checkbox"/> Reduced Blood Pressure | <input type="checkbox"/> Improved Fertility |
| <input type="checkbox"/> Better Memory | <input type="checkbox"/> Improved Bowel Function | <input type="checkbox"/> Improved Sexual Function |
| <input type="checkbox"/> Thinking More Clearly | <input type="checkbox"/> Improved Digestion | FOR CHILDREN: |
| <input type="checkbox"/> Improved Moods | <input type="checkbox"/> Less Sinus Congestion | <input type="checkbox"/> Improved Bowel Function |
| <input type="checkbox"/> Improved Sleep | <input type="checkbox"/> Breathing Improved | <input type="checkbox"/> Improved Earaches |
| <input type="checkbox"/> Improved Hearing | <input type="checkbox"/> Improved Immunity | <input type="checkbox"/> Improved Colic |
| <input type="checkbox"/> Improved Balance | <input type="checkbox"/> Improved Allergies | <input type="checkbox"/> Less Bed Wetting |
| <input type="checkbox"/> Increased Overall Comfort | <input type="checkbox"/> Fewer Colds/Flues | <input type="checkbox"/> Improved Behaviour |
| <input type="checkbox"/> Increased Back Comfort | <input type="checkbox"/> Walking is Easier | <input type="checkbox"/> Improved Sleep Patterns |
| <input type="checkbox"/> Increased Neck Comfort | <input type="checkbox"/> Sitting is Easier | FOR MEN: |
| <input type="checkbox"/> Increased Flexibility | <input type="checkbox"/> Standing is Easier | <input type="checkbox"/> Less Prostate Irritation |
| <input type="checkbox"/> Increased Joint Comfort | <input type="checkbox"/> Driving is Easier | <input type="checkbox"/> Better Sexual Function |
| <input type="checkbox"/> Fewer Ear Problems | <input type="checkbox"/> Lifting is Easier | <input type="checkbox"/> Increased Fertility |

COMFORT ZONE:

Please select where you think you are on the continuum:

- | | | | | | | | | |
|---------|---|-----------------------|--|-----------------------|--|-----------------------|--|--|
| DISEASE | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | WELLNESS |
| | <u>Multiple Medications:</u>
Poor Quality of Life;
Limited Function & Potential | | <u>Poor Health:</u>
Symptoms;
Drug Therapy & Surgery | | <u>Maintaining Health:</u>
No Symptoms;
Inconsistent Nutrition | | <u>Good Health:</u>
Regular Exercise;
Good Nutrition | <u>100% Function:</u>
Continuous Development;
Wellness Lifestyle |

1) Please indicate which direction you think you are heading towards:

- Towards Disease Towards Wellness



PLEASE CHECK ALL THAT CURRENTLY APPLY

HEAD REGION:

- Sinus (allergy)
- Entire head pain
- Migraine headaches
- Tension headaches
- Menstrual headaches
- Head feels heavy
- Loss of memory
- Fainting
- Light bothers eyes
- Blurred or double vision
- Loss of balance
- Loss of taste
- Loss of hearing
- Dizziness
- Pain or ringing in ears

NECK REGION:

- Pain in neck (left/right)
- Neck pain with movement
- Pain on forward motion
- Pain on backward motion
- Pain on turning head
- Pinched nerve feeling
- Muscle spasms in neck
- Grinding sounds in neck
- Neck arthritis

SHOULDER REGION:

- Pain in arm (left/right)
- Pain in hands (left/right)
- Pins/needles sensation (left/right)
- Shoulder tension (left/right)
- Muscle spasms
- Hands cold
- Loss of grip strength
- Sore/swollen joint in fingers
- Arthritis in fingers

MID BACK REGION:

- Mid back pain
- Pain between shoulder Blades
- Sharp stabbing pain
- Dull achy pain
- Muscle spasms
- Pain in kidney area

CHEST REGION:

- Chest pain
- Shortness of breath
- Rib pain
- Breast pain

ABDOMEN REGION:

- Nervous stomach
- Nausea
- Gas pains
- Constipation
- Diarrhea
- Hemorrhoids

LOW BACK REGION:

- Lower back pain (left/right)
- Pain when working
- Pain when lifting
- Pain when bending
- Pain when standing
- Pain when sitting
- Pain when coughing
- Pain when lying down
- Slipped disc L1/L2/L3/L4/L5
- Low back feels out of place
- Stiffness with movement
- Muscle spasms
- Arthritis in low back region
- Better with ice
- Better with heat

HIP/LEG/FOOT REGION:

- Pain in buttocks (left/right)
- Pain in hips (left/right)
- Pain into legs (left/right)
- Pins/needles into legs (left/right)

KNEE REGION:

- Knee pain (left/right)
- Outside knee pain (left/right)
- Inside knee pain (left/right)
- Leg cramps (left/right)
- Foot cramps (left/right)
- Pins/needles in legs (left/right)
- Numbness in legs (left/right)
- Swelling in legs (left/right)

GENERAL:

- Nervous or anxious
- Irritable
- Depressed
- Fatigue/run down feeling
- Loss of weight: _____ lbs
- Normal sleep: _____ hrs
- Cigarettes: _____ /day
- Coffee/tea: _____ cups/day
- Blood sugar problems

How would you rate your following lifestyle habits as they are currently, on a scale of 1 (poor) to 10 (great)?

Nutrition: _____ Exercise: _____ Mental Well-being: _____

What are your goals in the above three areas for the next 3 months? _____



Our goal is to help you improve your spinal health and the overall function of your nervous system. Please check off items or activities you would like to discuss adding to your health program:

EATING WELL:

- Omega 3 Fatty Acids
- Protein Supplement
- Multivitamin
- Organic Produce
- Calcium Supplement
- Prenatal Supplement
- Probiotics
- Nutritional Info Session

MOVING WELL:

- Neck Support Pillow
- Back/Chair Support
- Specific Postural Exercises
- Core Stability & Strength
- Exercise/Stability Ball
- Foam Roller
- Tubing Exercises
- Exercise & Activity Workshop

THINK WELL:

- Meditation CD
- Books on Self Development
- Workshops
- Journal Recommendations
- Psychotherapist Referral
- Yoga Studio Referral

FFC employs the services of several other health professionals. Please let us know if you'd like to know more about and/or consult with:

Registered Massage Therapist: Yes No

Classical Homeopath: Yes No

Holistic Nutritionist: Yes No

Are there any other types of health professionals (outside our clinic) that you would be interested in learning more about and/or being referred to? _____

Thank you so very much.
We sincerely appreciate having you participate in chiropractic care in our clinic.

Dr. Laura Foster & Dr. Danielle Warner