

**Progress Evaluation**

**Life Line Chiropractic**

Name \_\_\_\_\_

Date \_\_\_\_\_

**If you have not been here in over 30 days and/or your chief complaint is new... skip to #9**

**Only answer those that apply to your condition**

**1. What symptoms have improved since starting treatment?**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**2. What is your percentage of relief since beginning treatment? \_\_\_\_\_%**

**3. Since beginning treatment, has your pain** decreased stayed the same increased **3. Since begin**

**4. What relieves your pain?**

nothing lying down walking standing sitting exercise  
inactivity movement other \_\_\_\_\_

**5. What symptoms do you still have? \_\_\_\_\_**

**6. What is your general physical activity level?**

activity of daily living, no exercise light exercise  
moderate amount of exercise exercising often high priority

**7. Is your current condition affecting your ability to work or to be active?**

not at all some physical restrictions need limited assistance total disability  
need assistance often significant inability

**8. Do you find it easier to:**

walk stand ride sit work lift bend take care of all ADL's

**9. Have you been using tobacco products? Y or N If Y how much \_\_\_\_\_ How often \_\_\_\_\_**

**10. Do you consume caffeine products? Y or N If Y how much \_\_\_\_\_ How often \_\_\_\_\_**

**11. Do you consume alcohol products? Y or N If Y how much \_\_\_\_\_ How often \_\_\_\_\_**

**12. Current medications \_\_\_\_\_ Dosage of medications \_\_\_\_\_ (Attach list)**

**13. Any updates or changes to you allergy complications ? \_\_\_\_\_**

**14. List any new symptoms that you would like to address with the Doctor.**

a. When did this new complaint start? \_\_\_\_\_

b. Briefly describe your symptom: \_\_\_\_\_

c. What treatment have you received for this condition: \_\_\_\_\_

**15. To assist the doctor with your continued care; please inform us of your goals**

\_\_\_\_\_

Remember, our best form of thank you is your referrals. Our doctor has helped you and she can help others.

**Patient's Signature**

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