Holistic Chiropractic Center

Re-Evaluation Progress Form

Name: _____ Date:_____

How do you feel over all from 1-10 (10 being your best) 1 2 3 4 5 6 7 8 9 10

Previous complaint/concern: _____
Present complaint/concern: _____

Are you experiencing improvement from your care? _____
Have you had changes in your main concern? ☐ Yes ☐ No
Please explain: _____
_____
_____

Please describe the character of your current discomfort now (you may check one or more answers):

Do you have ☐ pain ☐ numbness ☐ tingling ☐ aches

Is your pain ☐ sharp ☐ dull ☐ soreness ☐ throbing ☐ Shooting

Do you feel ☐ swelling ☐ cramping/Gripping ☐ stiffness ☐ burning

On a scale of 1-10 (1 least, 10 most), please circle the severity of your symptoms today:
1 2 3 4 5 6 7 8 9 10

How often are the complaints present now?

☐ Constant (76-100%) ☐ Frequent (51-75%) ☐ Occasional (26-50%) ☐ Intermittent (25% or less)

Is the condition worse during certain times of the day? ☐ Yes ☐ No If yes, when? _____

Does it affect your:

☐ work ☐ relationships or intimacy ☐ decision making ☐ exercise or play

☐ attitude ☐ mood, patience ☐ ability to relax or sleep ☐ day-to-day activities

What positions do you sleep in? ☐ Back ☐ Side lying ☐ Stomach ☐ Arms above head

Regular Exercise & Movement:

Cardiovascular ☐ None ☐ Moderate ☐ Daily ☐ Heavy

Yoga/ Dance/ Acroyoga/ Aerial ☐ None ☐ Moderate ☐ Daily ☐ Heavy

Daily movement ☐ None ☐ Moderate ☐ Daily ☐ Heavy

Which describes your work activity? ☐ Sitting ☐ Standing ☐ Light ☐ Labor Heavy

Medication/Supplements

Please list Medications and herbal medicine and the reason for taking them:
Medications: _____
Supplement: _____
Tinctures/Herbal Medicine_____
Other: _____
Do you take probiotics ☐Yes ☐No Do you take Enzymes ☐Yes ☐No

Physical Stress	Chemical Stress	Emotional Stress
□ Stress/Anxiety □ Environment □ Physical pain/Injury □ Poor posture □ Heavy computer use □ Sitting more than 5 hours/day □ Abuse (physical, sexual, Emotional) □ Not enough water (less than 30oz) □ Not enough Movement	□ Caffeinated Drinks (Energy Drinks, Coke products) □ None Eco-Friendly Cleaning products □ Smoking or 2nd hand smoke □ Alcohol □ Processed food (Packaged food) □ Canned food □ Sugar replacement products: (Splenda, Equal, Sweet'N Low, Truvia) □ Digestive problems □ Junk food □ Mediations	□ Depression □ Family Stress □ Relationship Stress □ Work Stress □ Financial Stress □ Holding in feelings □ Perfectionism □ Procrastination □ Being unsatisfied with life □ Negative Self Talk □ Unhappy with your body

Digestive Health

Do you experience digestive discomfort? □Yes □No

Constipation (bowl movement 1/day or less) □Flatulence □ Pain after eating □Acid reflux □ irritable bowl syndrome

How often do you have a bowl movement daily? □3+times/day □ 1-2 times/day □ Every other day □Two or less/week

How much water do you drink each day? 1-3 glasses____ 4-7 glasses____ 8+ glasses____

What color is your urine most often? Amber/brown___ Dark yellow___ Light yellow___ Clear___ Pink___

What are your health goals now?

Anything else that you want me to know?

Signature: _____ *Date:*_____

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How would you rate yourself?

1. Poor 2. Fair 3. Average 4. Good 5. Excellent

Physical : In my relationship to my body, _____.
Emotional: In my relationship to my Emotions, _____.

Spiritual: In my relationship to my spirituality, _____.

Mental: In my relationship to my mind, _____.

Family: In my relationship with my family, _____.

Friends: In my relationship with my friends, _____.

Intimate: In my relationship with my significant other, _____.

Sensuality: In my relationship to my body and my need for sensuality, _____.

Children: In my relationship with my children, _____.

Co-workers: In my relationship with my co-workers, _____.

Career Health: In my career, _____.

Social Health: In my social life, _____.

Life Enjoyment: In my life enjoyment and play time, _____.

Financial Health: Financially, _____.

Communication: In my ability to communicate clearly to others, _____.

Stress: In my ability to deal with stress, _____.

Food: In my relationship to food _____.

Exercise: In my body's relationship to movement and exercise, _____.

Life: In my overall attitude towards life, _____.

In my overall life experience, _____.