Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of the Progress Exam is two-fold. One, for Doctor to measure the goals that were set forth in the initial exam, making sure you are on track with healing. And two, to give YOU an opportunity to update Doctor on any other changes or the progress that you may have made. This includes celebrating your milestones!

Reason for care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What improvements or changes have you noticed since beginning care in our office?

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Are you still experiencing challenges with the health issue you sought care for and if so, what are they?

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When you started care, you listed your top three health goals as:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you feel you are closer to your health goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How can we help you move closer to your health and wellness goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What other health goals do you have?

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Have you noticed changes in your sleep quality? Do you dream or more often? Do you feel more rested when you wake up after you’ve been adjusted? Do you sleep through the night or do you wake up? Do you snore? Do you sleep on your back or sides? Do you use a pillow in between your knees?

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Have you had an improvement in your nutritional habits since beginning care? If so, how? Have you increased your water intake? Have you increased your protein? Have you decreased carbohydrates? Have you increased vegetables? Do you eat within an 8-10 hour period? Do you no longer snack at night? Have you eliminated or reduced artificial sweeteners and processed foods?

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Have you had any improvements in the way your body handles stressors since beginning care? If so, how? Are you less stressed? Are you happier? Do you find that the things that used to bother you, no longer do?

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Have you had any changes in your exercise routine or level of activity? If so, how? Are you able to stand, sit or walk for longer periods of time? Are you able to clean your house? Are you able to engage in activities that are up to your expectations? Please be descriptive.

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Have you noticed changes in your digestive system? If so, how? Do you have more regular bowel movements? Are they easier? Do they sink or float? Are the light, medium or dark brown, green or black? Are they loose, in pieces, small and pebble-like or long and tube shaped? Do you experience indigestion or heartburn?

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We truly care that you are completely happy and excited to be at Safe Harbor Chiropractic, PC. Share with us if there is something that we can do better or if you have any suggestions on how to make your experience better!

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