

**PROGRESS EVALUATION**

**Patient name:** \_\_\_\_\_

**Date** \_\_\_\_\_

1: What is considered the "master" system of the body? \_\_\_\_\_

2: What percent of this "master" system perceives pain? \_\_\_\_\_ %

3: What is the name of the condition where the spinal column interferes with the "master" system? \_\_\_\_\_

4: True False Subluxations often occur in children and are responsible for many unwanted childhood illnesses.

5: True False The nervous system controls all parts of the body including the organs, muscles, skin and joints.

6: True False How you feel determines how healthy you are.

7. Are you currently taking any food supplements/multi-vitamins? Yes / No

Would you like information on implementing nutrition into your health regimen? Yes/No

\*\*The following members of my family or friends listed below have conditions that I feel Chiropractic may be able to help. Please contact them by telephone on my behalf. I understand they will be offered a courtesy preliminary examination, consultation, and full spinal analysis should the doctor feel they can be helped. I will also advise them you will be contacting them and encourage them to seek your consultation.\*\*

\_\_\_\_\_  
*Name (Family or Friend?)*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*Name (Family or Friend)*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*Name (Family or Friend)*

\_\_\_\_\_  
*Telephone number*