

PATIENT COMPARATIVE EXAM

Please answer these questions as they pertain to your health and quality of life since beginning chiropractic care:

Name _____

Today's Date _____ Care Start Date _____

Major reason(s) for starting care: _____

Place an "X" on the number representing your progress:

No improvement 0 — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Total recovery

What can you do now that you couldn't do before care? _____

What still needs improvement? _____

People usually notice other very positive changes in their general health and well-being as their subluxations are corrected and they start to live free of nerve interference. Since starting care, have you noticed any changes in the following areas?

(yes = X, very much = XX)

more relaxed	fewer headaches	less pain
more restful	clearer vision	fewer backaches
stronger	improved blood pressure	fewer neckaches
more alert	improved regularity	more flexibility
more energy	less indigestion	less joint pain
better memory	clearer sinuses	walking easier
think more clearly	easier breathing	sitting easier
better moods	fewer colds/flu	standing easier
sleeping better	fewer allergy signs	lifting easier
improved smell/taste	better immunity	bending easier
better co-ordination	less dizzy/better balance	driving is easier

WOMEN:

more regular cycles
less painful periods

CHILDREN:

fewer fevers
less colic
fewer earaches

fewer growing pains
less bed wetting
improved behaviour

Other: _____

Are you taking any medications? (over-the-counter or prescribed) _____

Have you stopped taking or decreased the dose of any medications since beginning care? _____

Have you attended our Spinal Care Class? Yes _____ No _____

If not, please discuss future possible dates with Edie or Judy. Doing so soon will ensure that you get better quicker and get the best possible results from your adjustments.

Have you had your family members checked for subluxations? _____

If not, would you like to? _____

Have you tried to refer anyone else to chiropractic? _____

What was their response? _____

What can we do to help you share chiropractic with others? _____

Patient signature _____ Date _____

Thank You for letting us take care of you and your loved ones!