
Dr. Heather Robson-McInnis

FAMILY CHIROPRACTOR

CHILD PROGRESS ASSESSMENT

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

Name _____

Care Start Date _____ Today's Date _____

Major Reason(s) for starting care: _____

Place an X on the number representing your child's progress:

no improvement 0 -- 1 -- 2 -- 3 -- 4 -- 5 -- 6 -- 7 -- 8 -- 9 -- 10 total recovery

What can your child do now that he/she couldn't do before starting care?

How has his/her behaviour changed? _____

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

Fewer Fevers

More restful

Less Colic

Better school performance

Stronger

Less bed wetting

Plays better with others

More alert

Improved regularity

Improved behaviour

More energy

Less indigestion

Better memory

Clearer sinuses

Think more clearly

Better co-ordination

Fewer allergy signs

Easier breathing

Better moods

Fewer colds/flu

Sleeping better

Better immunity

Improved participation in sports

Is your child taking any medications(over-the-counter or prescribed)?

Has your child stopped taking or decreased the dose of any medications since beginning care?

Has your child received any vaccinations since starting care: _____

Did you notice any reactions to any of the vaccinations? If so, please describe: _____

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

If not, please discuss future possible dates with Edie or Judy.

Have you or your family members checked for subluxations? _____

If not, would you like to? _____

Have you tried to refer any one 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!