



INTELLIGENT HEALTH SOLUTIONS

PROGRESS EXAMINATION

Patient Name: _____ Date: _____

At Intelligent Health Group we strive to exceed your expectations. Please help us to continue to improve our service. Please read each statement and mark the circle that you find most applicable. Your feedback is important and appreciated.

Please state your main areas of concern: _____

Progress

On a scale of 0 to 10, rate the main pain/discomfort you may have:

No Pain

Max Pain

0 1 2 3 4 5 6 7 8 9 10

On a scale of 0 to 10, , rate your overall level of improvement so far:

No Change

Fully Recovered

0 1 2 3 4 5 6 7 8 9 10

Would you say your improvement is?

Progressing at the speed
as expected

Taking longer than
you expected

Occurring much faster
than you expected

What has improved?

Pain

Mobility

Energy

Sleep

Other: _____

Overall, are you finding value in your ongoing chiropractic care, understand your condition and how it is being treated?

Yes

No

Functional Abilities

The following activities are performed during a typical day. Over the last two days, has your health condition limited you in any of these activities?

Lifting	Yes, limited a lot	Yes, limited a little	No, not limited at all
Stair climbing	Yes, limited a lot	Yes, limited a little	No, not limited at all
Bending or twisting	Yes, limited a lot	Yes, limited a little	No, not limited at all
Housekeeping	Yes, limited a lot	Yes, limited a little	No, not limited at all
Work duties	Yes, limited a lot	Yes, limited a little	No, not limited at all
Caregiving	Yes, limited a lot	Yes, limited a little	No, not limited at all
Recreational Activities	Yes, limited a lot	Yes, limited a little	No, not limited at all
Driving	Yes, limited a lot	Yes, limited a little	No, not limited at all
Social life	Yes, limited a lot	Yes, limited a little	No, not limited at all
Personal Hygiene	Yes, limited a lot	Yes, limited a little	No, not limited at all

Quality of Life

How would you rate your quality of life?

Very Poor Poor Neither poor nor good Good Very Good
1 • 2 • 3 • 4 • 5 •

Physical Health

How would you rate your physical health?

Very Poor Poor Neither poor nor good Good Very Good
1 • 2 • 3 • 4 • 5 •

Mental and Emotional Health

How would you rate your mental and emotional health?

Very Poor Poor Neither poor nor good Good Very Good
1 • 2 • 3 • 4 • 5 •

Diet and Nutrition

How would you rate your diet and nutrition?

Very Poor Poor Neither poor nor good Good Very Good
1 • 2 • 3 • 4 • 5 •

OFFICE USE ONLY

HIS (Health Index Score): Previous: _____ / 50 Current: _____ / 50

NPS (Numeric Pain Scale): Previous: _____ / 10 Current: _____ / 10