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# Dr. Heather Robson-McInnis

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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: \_\_\_\_\_

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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? \_\_\_\_\_

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What still needs improvement? \_\_\_\_\_

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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)?

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

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Has your child received any vaccinations since starting care: \_\_\_\_\_

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

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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?

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

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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