

## MAINTENANCE PROGRESS EVALUATION

Practice Member Name: \_\_\_\_\_ Date: \_\_\_\_\_ Eval: *Maint.*

***\*\*To help us serve you best, answer the following questions thoroughly\*\****

What were your goals over this past year of care? \_\_\_\_\_

\_\_\_\_\_

In what ways have you noticed your body getting stronger since starting care? \_\_\_\_\_

\_\_\_\_\_

What are your goals moving forward? \_\_\_\_\_

\_\_\_\_\_

***Thank you so much for making us a part of your journey to a stronger, healthier body for life! Please consider referring friends or family to us so they can start making progress on their way to lifelong health as well!***

Are you willing to fill out a testimonial form so we can share your story with others? Yes \_\_\_\_\_

No \_\_\_\_\_

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

CLINICAL NOTES (OFFICE USE ONLY): Schedule:

**Posture:**

**NERVE:**

**Very Severe:**

Left:

Right:

**Severe:**

Left:

Right:

**MUSCLE:**

**Very Severe:**

Left:

Right:

**Severe:**

Left:

Right:

**NOTES:**