

PROGRESS RE-EVALUATION

The Healing Garden of Destiny | 4-6 Session Milestone

Client Name: _____ Date: _____

1. Symptom Comparison

Compared to your initial intake, how would you rate your primary concern today?

Significantly Improved Slightly Improved No Change Worse

On a scale of 1-10 (10 being no pain/tension), where are you today? _____

2. Functional Outcomes

What specific activities are easier for you now? (e.g., sleeping, walking, work tasks, stress management)

3. Maintenance & Movement

Are you consistently using your Movement Matrix exercises at home? Yes No

What is your goal for the next 6 sessions?