

**PPA 2.0, STREAM 1: PRE-VISIT QUESTIONNAIRE**

Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Please give  
address where  
assessment will  
take place**

Tel.: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Attended CCO record keeping workshop:  Yes  No

If yes, note date and location: \_\_\_\_\_

**PEER INFORMATION**

1. Type of practice:

- solo/private  
 multi DC  
 multidisciplinary

2. If you practise in a multi DC office, does your associate(s) wish to be peer assessed as well?

 Yes      Name: \_\_\_\_\_***Please have him/her contact Dr. J. Bruce Walton, Director of Professional Practice, CCO, at 416-922-6355, ext. 106 or at bwalton@cco.on.ca***

3. Do you actively see patients at this time? If no, in what capacity do you work as a chiropractor? (Please note: if you do not actively see patients you will undergo a modified assessment which will not involve reviewing any patient files. Therefore you are not required to submit any sterilized files.)

\_\_\_\_\_  
\_\_\_\_\_

4. Has there been a change in your registration status or type of practice since your underwent the first peer and practice assessment?

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5. Please state the date of your first Peer and Practice Assessment:

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6. Please list 3 things learned from the first Peer and Practice Assessment and how you changed or adapted your practice:

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7. Do you use any diagnostic tests or practice techniques in your office that would not be considered usual or customary in a chiropractic office?

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8. What degrees/qualifications or specialties do you possess?

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9. Name of chiropractic school you graduated from and date of graduation:

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**If you actively see patients please forward to CCO,  
this completed questionnaire and  
all materials listed on the Action Step Chart  
at the end of the introductory letter.**

*For additional information:* Dr. J. Bruce Walton,  
Director of Professional Practice, CCO  
Tel: (416) 922-6355, ext. 106  
Email: bwalton@cco.on.ca