

PRE-VISIT QUESTIONNAIRE, PPA 1.0 2026 CYCLE

Name: _____

Registration No.: _____

Address: _____

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

Tel.: () _____ Fax: () _____

E-mail: _____

Attended CCO Regulatory Excellence Workshop: Yes No

If yes, note date and location: _____

PEER INFORMATION

1. Type of practice:

- solo/private
 multi DC
 multidisciplinary
 currently not in active practice

2. If you practise in a multi DC office, do your colleagues wish to be peer assessed as well? (i.e. if they have not already been peer assessed)

 Yes **Name:** _____

Please have them contact Dr. Katherine Tibor, Director of Professional Practice, CCO, at 416-922-6355, ext. 130 or at ktibor@cco.on.ca.

3. If you do not actively see patients (i.e., do not assess, examine, diagnose, treat or recommend any form of treatment in what capacity do you work as a chiropractor?)

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

5. Do you offer additional services/products, such as acupuncture, homeopathy, rehabilitation, vitamins? If yes, please specify:

6. Does your office offer allied services, such as massage therapy, naturopathy, physiotherapy? If so, please specify:

7. Do you take your own x-rays?

Yes No

8. What languages do you speak?

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

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

In preparation for your assessment, please reflect on and answer the following:

1. Two areas in which I do well in my record keeping:

1.

2.

2. Two areas for improvement in my record keeping:

1.

2.

Please forward to CCO a sample of your BLANK clinical charts/forms, a list of abbreviations and short forms used (if any), informed consent forms, and one current sterilized patient file (i.e., copy of a patient file with the patient's name, address, telephone number and other personal information blacked out/covered/removed).

For additional information:

Dr. Katherine Tibor,
Director of Professional Practice, CCO
Tel: (416) 922-6355, ext. 130
Email: ktibor@cco.on.ca