

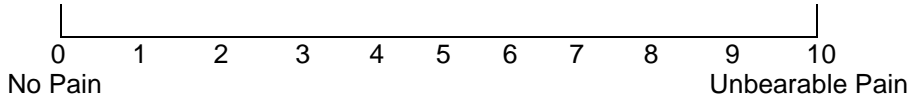
PLEASE PRINT LEGIBLY

Patient Name _____

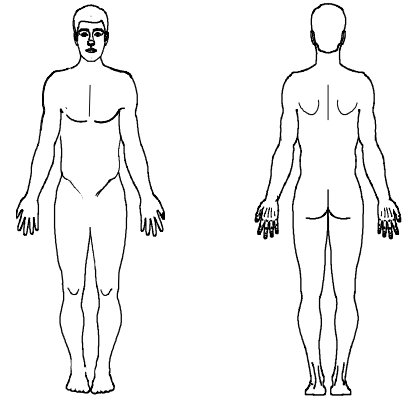
Please complete the following *three (3)* questions regarding how you feel today.

1. How do you feel today?

Current complaint:



MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS.



Is your symptom aggravated by: (Circle any applicable)
Sitting, Standing, Bending, Lifting, Twisting, Housechores, Exercise

2. Are you getting better?

Current Condition(s)/Complaint(s)

Rate your overall progress since starting care

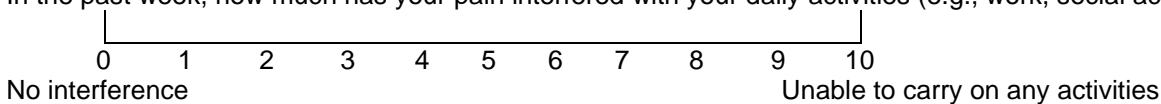
1 _____ % (0% = No improvement and 100% = Fully recovered)

2 _____ % (0% = No improvement and 100% = Fully recovered)

In the past week, on average how often have your symptoms been present?

0 – 25% 26 – 50% 51 – 75% 76 – 100%

In the past week, how much has your pain interfered with your daily activities (e.g., work, social activities, or household chores)?



In general would you say your overall health right now is:

Excellent Very Good Good Fair Poor

3. Is there anything new?

Have you had any new complaints/conditions? No Yes

Have you had any re-injuries or events that have prolonged your recovery? No Yes

Explain _____

I certify that the above information is complete and accurate to the best of my knowledge. I agree to notify this practitioner immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature _____ Date _____