

Patient Update

Name: _____ Date: _____

After your last visit, how long were your symptoms improved? _____

At the time of this visit are you feeling better worse same compared to how you felt at your last visit?

Please describe _____

Symptoms improve with Rest Activity Hot/Cold Packs Therapeutic Massage Medication

Symptoms exacerbated by Work Standing/Sitting Lying down Activity/Exercise Other

Since your last visit, have you experienced any of the following?

Headaches: Frequency _____ Duration _____ Intensity _____

Neck pain or stiffness: _____

Shoulder pain or stiffness: _____

Back pain or stiffness: _____

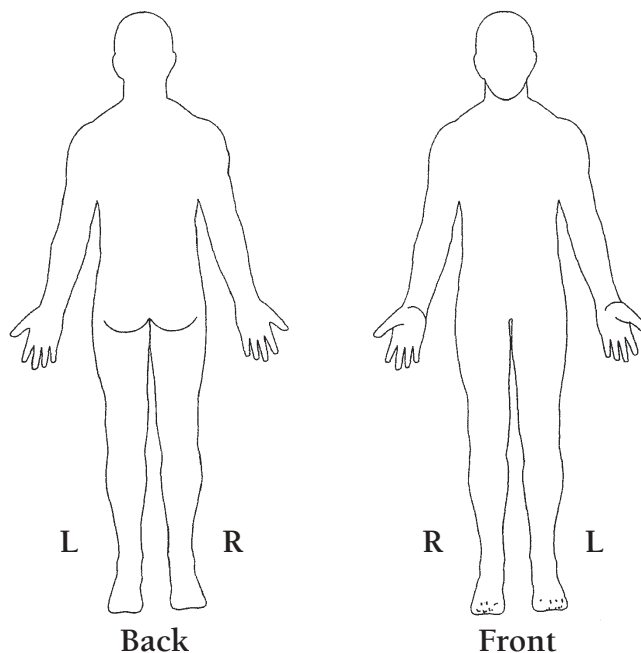
Hip/Pelvic pain or stiffness: _____

Arm or Leg pain or stiffness: _____

Sleep difficulty: _____

On a scale of 1 to 10, mark the level of pain you are experiencing today on the figures to the right.

Please mark any areas of numbness, dysfunction, discomfort, tingling, pins and needles, burning, aching, stabbing pain, spasm, stiffness, or preferred area(s) of focus and describe below:



Patient (or Guardian's) Signature

How to rate your symptoms on a pain scale of 1 to 10

- | | |
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| <p>10 Your pain is intense, constant, greatly restricts your activities, and it is impossible to go more than 5 minutes without awareness of the pain.</p> <p>9 Your pain is intense, constant, greatly restricts your activities, but you can forget about the pain for up to 15 minutes at a time.</p> <p>8 The pain is significant, moderately intense at times, but not constant. Most activities are affected, and you think about it once or twice an hour.</p> <p>7 The pain is significant at times, but never intense and not constant. Most activities are affected, and you think about it once or twice an hour.</p> <p>6 The pain is moderate, yet too frequent to ignore. Some activities are affected. Hours can go by without being aware of the pain.</p> | <p>5 The pain is moderate, yet too frequent to ignore. Almost no activities are affected. Hours can go by without being aware of the pain.</p> <p>4 The pain is little more than a nuisance, and you go through your whole day frequently aware, but not really affected by it.</p> <p>3 The pain is little more than a nuisance, your awareness of the pain may be absent for a whole day at a time, and you are never affected by it.</p> <p>2 At it's worst, the pain is best described as uncomfortable. Days can go by without being aware of it.</p> <p>1 At it's worst, the pain is best described as uncomfortable. Your symptoms do not recur more frequently than once a week.</p> |
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