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 worsened 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:

_____

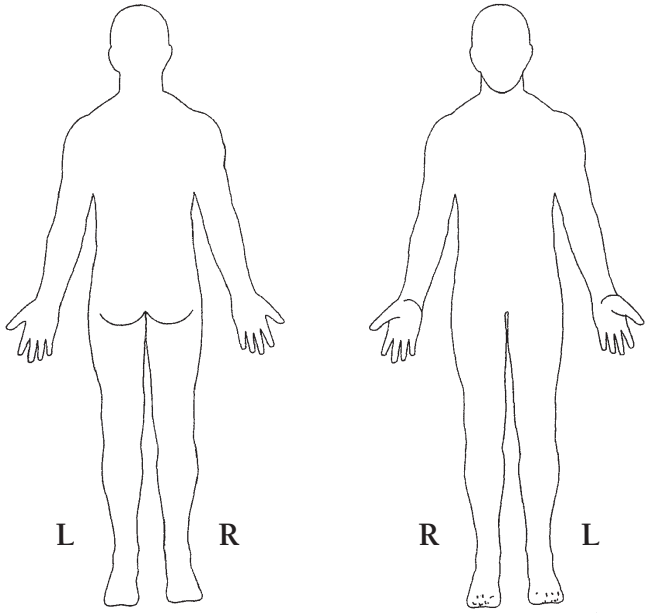
_____

_____

_____

_____

Patient (or Guardian's) Signature



Back Front

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

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.

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.

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.

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.

6 The pain is **moderate**, yet too frequent to ignore. **Some activities are affected**. Hours can go by without being aware of the pain.

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.

4 The pain is little more than a **nuisance**, and you go through your whole day **frequently aware**, but not really affected by it.

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.

2 At it's worst, the pain is best described as **uncomfortable**. Days can go by without being aware of it.

1 At it's worst, the pain is best described as **uncomfortable**. Your symptoms **do not recur more frequently than once a week.**