

Patient Name: _____

Date: _____

1. How do you feel today?

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

2. Is there anything new?

a.) Have you had any **new complaints/ conditions?** (explain below) ✂ NO ✂ YES

b.) Have you have any **re-injuries or events that have prolonged your recovery?** (explain below)
✂ NO ✂ YES

EXPLAIN:

3. Current Condition(s) or 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)

3. _____ % (0%= no improvement and 100%= fully recovered)

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

(Occasional) ✂ 0-25% ✂ 26-50% ✂ 51-75% ✂ 76-100% (constant)

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

(none) 0 1 2 3 4 5 6 7 8 9 10 (unable to carry on)

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

✂ Excellent ✂ Very Good ✂ Good ✂ Fair ✂ Poor

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

Patient Signature: _____

Date: _____