

PLEASE UPDATE US ON YOUR CONDITION

How long since your last treatment: \_\_\_this week \_\_\_Last week \_\_\_Two Weeks \_\_\_Within the past month \_\_\_More than one month

Condition(s) for which you were being seen \_\_\_\_\_

Changes since last visit: \_\_\_Same \_\_\_Better \_\_\_Worse \_\_\_Aggravated due to activity \_\_\_Symptoms come and go

Has treatment here reduced your pain or improved your condition? \_\_\_Yes \_\_\_No \_\_\_Temporarily

**Current Pain Level**

- \_\_\_ **No Pain:** I am not in any pain at the moment
- \_\_\_ **Minimal:** Annoying pain but I can still do all my regular activities
- \_\_\_ **Slight:** I can usually work through the pain but sometimes I must change the way I do certain things
- \_\_\_ **Moderate:** I can tolerate the pain, but I often have to change the way I do certain things and somedays I can't do them at all.
- \_\_\_ **Severe:** The pain is so great I can't do anything. Getting around the house is often too difficult and I have no quality of life.

**Frequency:**

- \_\_\_ **Occasional:** Pain approximately 25 percent of the time
- \_\_\_ **Intermittent:** Pain approximately 50 percent of the time
- \_\_\_ **Frequent:** Pain approximately 75 percent of the time
- \_\_\_ **Constant:** Pain approximately 90-100 percent of the time

**Do you take medication for your pain?** Yes/No

**Is your condition well-managed by medication?** Yes/No

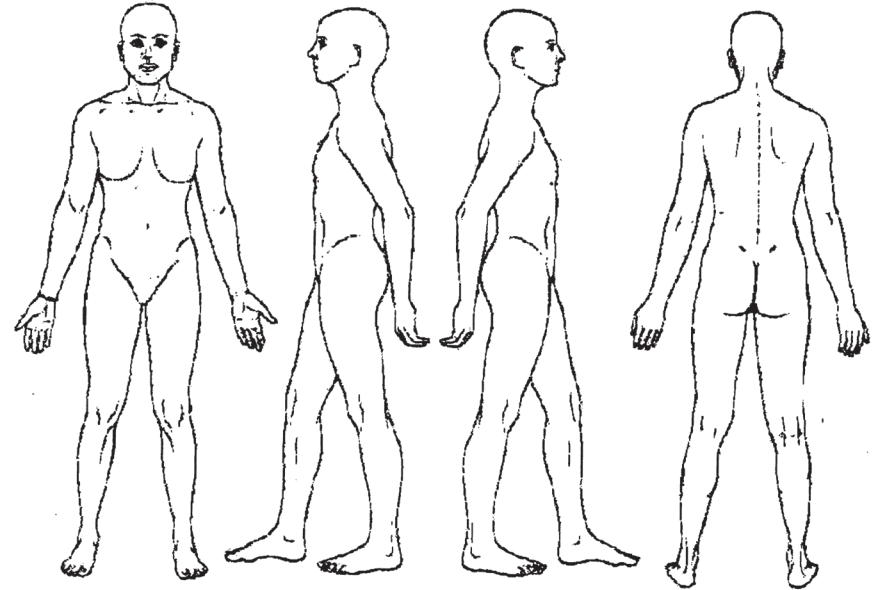
Pain Medication(s): \_\_\_\_\_

Has treatment helped reduce the amount of medication necessary to manage your condition? \_\_\_Yes \_\_\_No \_\_\_I don't take pain medications for this condition

Have you experienced positive changes in other conditions? Better sleep, improved mood, reduced anxiety, improved digestion, more energy, other: \_\_\_\_\_

List any activities you can perform easier now than before you started treatment (dressing, mopping, showering, sitting, walking, standing, driving, etc.) \_\_\_\_\_

**SHOW US WHERE IT HURTS**



Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_