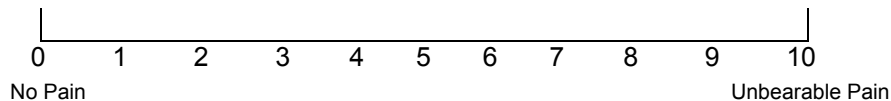


Patient Name _____ Date _____

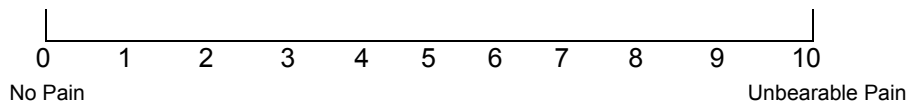
Please complete the following *three* questions regarding how you feel today.

1. How do you feel today?

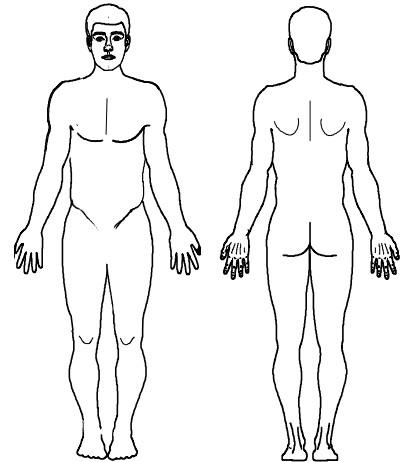
Current complaint:



Average pain level over the past week:



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



2. Are you getting better?

Please rate your improvement since starting care for this episode. _____ %

(Circle one) No Improvement Slight Moderate Greatly Improved

Have your abilities to perform your activities of daily living or work activities improved? ☐ Yes ☐ No

Explain: _____

3. Is there anything new?

Have you had any new complaints/conditions since starting care? ☐ 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 doctor immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature: _____ Date: _____