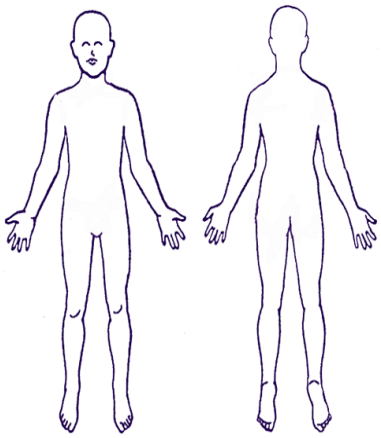
Patient Name:_____ Date:_____

Re-Examination Form

Current Complaints:



Pain Locations:
Mark location of pain with numbers in order of significance. Describe pain with corresponding numbers (i.e. "Pain Location 1") on right.

Doctor Notes:

_____
_____
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Pain Location 1:_____

1. Current Symptoms are?
- ❑ Improved
- ❑ Worse
- ❑ Unchanged

2. Rate pain on scale: (0=none; 10=unbearable)

0 1 2 3 4 5 6 7 8 9 10

3. Symptoms occur:
- ❑Constantly (76-100% of day)
- ❑Frequently (51-75% of day)
- ❑Occasionally (26-50% of day)
- ❑Intermittently (0-25% of day)

4. Nature of symptoms:
- ❑Sharp ❑Dull ache ❑Shooting
- ❑Burning ❑Tingling ❑Numb
- ❑Radiating to _____

5. How are symptoms changing:
- ❑ Better ❑ Worse ❑ No change

6. The following make symptoms worse:
- ❑ Heat ❑ Exercise ❑ Standing
- ❑ Ice ❑ Sitting ❑ Sleeping
- ❑ Lifting ❑ Bending ❑ Walking
- ❑Sneeze/Cough/Laugh
- ❑ Other _____

7. The following makes symptoms better:
- ❑ Heat ❑ Exercise ❑ Standing
- ❑ Ice ❑ Sitting ❑ Sleeping
- ❑ Lifting ❑ Bending ❑ Walking
- ❑ Chiropractic
- ❑ Pain Medication
- ❑ Other_____

8. Pain interferes with:
- ❑ Work ❑ Hobbies ❑ Recreation
- ❑ Home ❑ Relationships

9. When does pain hurt the most:_____
_____

10. Have you had other treatment for these symptoms? ❑ Yes ❑ No
If yes, explain: _____
_____

Pain Location 2:_____

1. Current Symptoms are?
- ❑ Improved
- ❑ Worse
- ❑ Unchanged

2. Rate pain on scale: (0=none; 10=unbearable)

0 1 2 3 4 5 6 7 8 9 10

3. Symptoms occur:
- ❑Constantly (76-100% of day)
- ❑Frequently (51-75% of day)
- ❑Occasionally (26-50% of day)
- ❑Intermittently (0-25% of day)

4. Nature of symptoms:
- ❑Sharp ❑Dull ache ❑Shooting
- ❑Burning ❑Tingling ❑Numb
- ❑Radiating to _____

5. How are symptoms changing:
- ❑ Better ❑ Worse ❑ No change

6. The following make symptoms worse:
- ❑ Heat ❑ Exercise ❑ Standing
- ❑ Ice ❑ Sitting ❑ Sleeping
- ❑ Lifting ❑ Bending ❑ Walking
- ❑Sneeze/Cough/Laugh
- ❑ Other _____

7. The following makes symptoms better:
- ❑ Heat ❑ Exercise ❑ Standing
- ❑ Ice ❑ Sitting ❑ Sleeping
- ❑ Lifting ❑ Bending ❑ Walking
- ❑ Chiropractic
- ❑ Pain Medication
- ❑ Other_____

8. Pain interferes with:
- ❑ Work ❑ Hobbies ❑ Recreation
- ❑ Home ❑ Relationships

9. When does pain hurt the most:_____
_____

10. Have you had other treatment for these symptoms? ❑ Yes ❑ No
If yes, explain: _____
_____

Would you like a free nutrition assessment? ❑Yes ❑No
Have you attended our "Half Hour to Health" workshop? ❑Yes ❑No
Is there anyone in your family who could also benefit from Chiropractic? ❑Yes ❑No If yes, who:_____
Would you like information about our weight-loss program? ❑Yes ❑No

Patient Signature _____ **Date**_____