Ringer Chiropractic Clinic

PATIENT PROGRESS INFO

Patient Name _____

Please complete the following questions regarding how you feel.

1. How strong has your pain been during the past week?

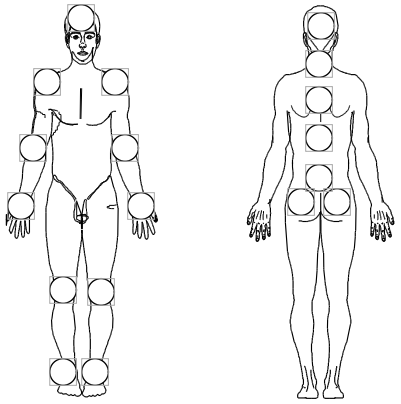
MARK ON THE PICTURE WHERE YOU ARE HAVING PAIN OR OTHER SYMPTOMS.

Main complaint:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

No Pain Unbearable Pain



2. How is your condition changing?

Current Problem/s: **Rate your overall progress since starting care**

1 _____ _____% **(0% = No improvement and 100% = Fully recovered)**

2 _____ _____% **(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 has your pain interfered with your daily activities (e.g., work, social activities, or household chores?

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

0 1 2 3 4 5 6 7 8 9 10

No interference Unable to carry on any activities

How well have you been following your home care prescription? (ice/heat/exercise)

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

3. Is there anything new?

Have you had any new complaints/conditions? ☐ 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** _____