

# PATIENT PROGRESS

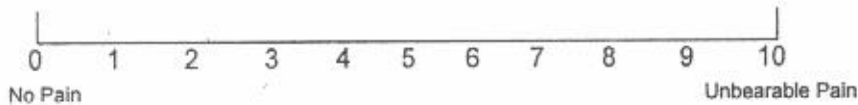
Patient completes this form. (Chiropractic)  
For questions, please call ASHP at 800/972-4226

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

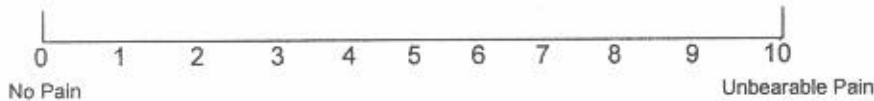
Please complete the following *three* questions regarding how you feel today.

### 1. How do you feel today?

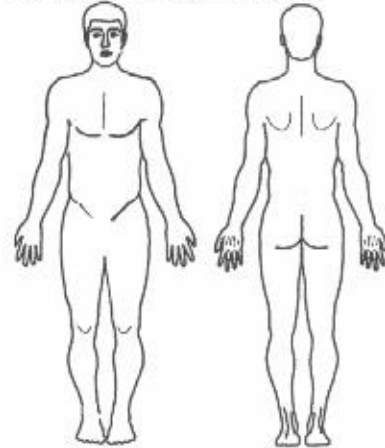
Current complaint:



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: \_\_\_\_\_