

Patient Health Update Questionnaire

TEL# _____ cell# _____

Patient Name: _____ **Date:** _____

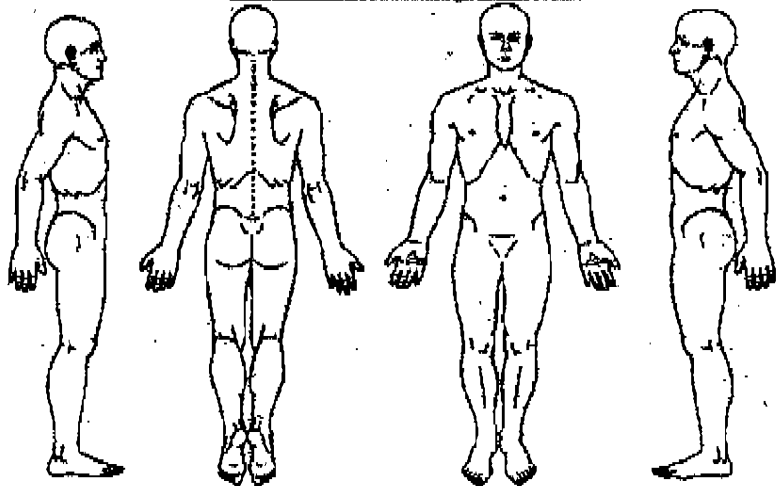
1. Describe your symptoms and how they have changed: _____

1A. Any New Symptoms? _____

2. How often do you experience your symptoms?

- A. Constantly (76 - 100 % of the day)
- B. Frequently (51 - 75 % of the day)
- C. Occasionally (26 - 50 % of the day)
- D. Intermittently (0 - 25 % of the day)

Indicate where you have pain or other symptoms
on the drawings below



3. What describes the nature of your symptoms?

- A. Sharp
- B. Dull Ache
- C. Numb
- D. Shooting
- E. Burning
- F. Tingling

4. How are your symptoms changing?

- A. Getting better
- B. Not changing
- C. Getting worse

5. How bad are your symptoms at their

	<i>None</i>									<i>Unbearable</i>
a. worst:	1	2	3	4	5	6	7	8	9	10
b. best:	1	2	3	4	5	6	7	8	9	10

6. How do your symptoms affect your ability to perform daily activities?

0	1	2	3	4	5	6	7	8	9	10
<i>No Complaints</i>	<i>Mild, forgotten with activity</i>	<i>Moderate, Interferes with activity</i>	<i>Limiting, prevents full activity</i>	<i>Intense, preoccupied with seeking relief</i>	<i>Severe, no activity possible</i>					

7. What activities make your symptoms worse: _____

8. What activities make your symptoms better: _____

9. Have you seen anyone else for your symptoms?

A. <input type="checkbox"/> No One Else	B. <input type="checkbox"/> Medical Doctor	C. <input type="checkbox"/> Other	
D. <input type="checkbox"/> Other Chiropractor	E. <input type="checkbox"/> Physical Therapist		

a: When and what treatments have you received? _____

b: Have you had any diagnostic tests and when they were performed?

A. <input type="checkbox"/> X-Rays, Date: _____	C. <input type="checkbox"/> CT Scan, Date: _____
B. <input type="checkbox"/> MRI, Date: _____	D. <input type="checkbox"/> Other, Date: _____

10. Are you currently working? Yes _____ No _____ **Date of return to work:** _____

11. List any restrictions or limitations: _____

Patient (or Guardians) Signature: _____ **Date:** _____