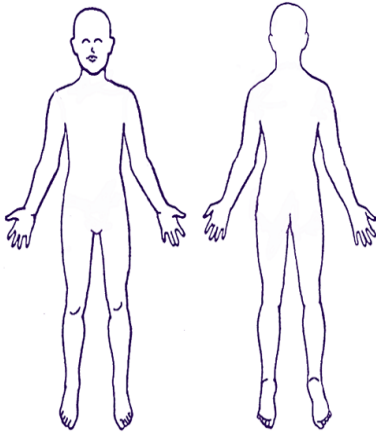


Patient Name: _____

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:

Pain Location 1: _____

- Current Symptoms are?
 - Improved
 - Worse
 - Unchanged
- Rate pain on scale: (1=none; 10=unbearable)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|
- Symptoms occur:
 - Constantly (76-100% of day)
 - Frequently (51-75% of day)
 - Occasionally (26-50% of day)
 - Intermittently (0-25% of day)
- Nature of symptoms:
 - Sharp Dull ache Shooting
 - Burning Tingling Numb
 - Radiating to _____
- How are symptoms changing:
 - Better Worse No change
- The following make symptoms worse:
 - Heat Exercise Standing
 - Ice Sitting Sleeping
 - Lifting Bending Walking
 - Sneeze/Cough/Laugh
 - Other _____
- The following makes symptoms better:
 - Heat Exercise Standing
 - Ice Sitting Sleeping
 - Lifting Bending Walking
 - Chiropractic
 - Pain Medication
 - Other _____
- Pain interferes with:
 - Work Hobbies Recreation
 - Home Relationships
- When does pain hurt the most: _____

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

Pain Location 2: _____

- Current Symptoms are?
 - Improved
 - Worse
 - Unchanged
- Rate pain on scale: (1=none; 10=unbearable)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|
- Symptoms occur:
 - Constantly (76-100% of day)
 - Frequently (51-75% of day)
 - Occasionally (26-50% of day)
 - Intermittently (0-25% of day)
- Nature of symptoms:
 - Sharp Dull ache Shooting
 - Burning Tingling Numb
 - Radiating to _____
- How are symptoms changing:
 - Better Worse No change
- The following make symptoms worse:
 - Heat Exercise Standing
 - Ice Sitting Sleeping
 - Lifting Bending Walking
 - Sneeze/Cough/Laugh
 - Other _____
- The following makes symptoms better:
 - Heat Exercise Standing
 - Ice Sitting Sleeping
 - Lifting Bending Walking
 - Chiropractic
 - Pain Medication
 - Other _____
- Pain interferes with:
 - Work Hobbies Recreation
 - Home Relationships
- When does pain hurt the most: _____

- 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 _____