

## PATIENT PROGRESS

Patient completes this form. Chiropractic  
For questions, please call ASH at 800.972.4226

PLEASE PRINT LEGIBLY

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

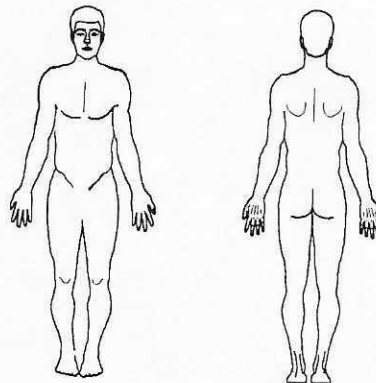
Please complete the following *three (3)* questions regarding how you feel today.

### 1. How do you feel today?

Current complaint:

0 1 2 3 4 5 6 7 8 9 10  
No Pain Unbearable Pain

MARK AN X ON THE PICTURE WHERE YOU  
HAVE PAIN OR OTHER SYMPTOMS.



### 2. Are you getting better?

Current Condition(s)/Complaint(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?

☐ 0 – 25%

☐ 26 – 50%

☐ 51 – 75%

☐ 76 – 100%

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

In general would you say your overall health right now is:

☐ 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 practitioner immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_