

Patient Re-Evaluation – Existing Condition

Patient Name: _____ Pt. # : _____

Please Print

Patient Signature: _____ Date: _____

Briefly describe your symptoms: _____

Do you have any complicating factors that interfere with your treatment? _____

List all medications you are taking: _____

List any other providers you have seen for this condition: _____

Please mark where your pain/symptoms are:

Please grade your pain on a scale of 0-10:

[0= No Pain, 10= Extreme Pain]

And Please Choose How Frequent (%) Pain Is Present:

- Neck: 0 1 2 3 4 5 6 7 8 9 10
 - 0 – 25% - 50% - 75% - 100%
- Arm/Hand: 0 1 2 3 4 5 6 7 8 9 10
 - 0 – 25% - 50% - 75% - 100%
- Shoulder/Mid-Back: 0 1 2 3 4 5 6 7 8 9 10
 - 0 – 25% - 50% - 75% - 100%
- Lower Back: 0 1 2 3 4 5 6 7 8 9 10
 - 0 – 25% - 50% - 75% - 100%
- Leg/Foot: 0 1 2 3 4 5 6 7 8 9 10
 - 0 – 25% - 50% - 75% - 100%
- Other: _____ : 0 1 2 3 4 5 6 7 8 9 10
 - 0 – 25% - 50% - 75% - 100%



Please Rate your overall improvement in:

- Neck: _____%
- Mid-Back: _____%
- Low-Back: _____%
- Shoulders / Arms: _____%
- Legs / Knees: _____%
- Other: _____%

Circle which ones describe your symptoms:

- dull
- sharp
- sharp with movement
- burning
- throbbing
- deep
- aching
- tingling
- stabbing
- cramping
- pinprick
- numbness
- radiating
- shooting

Circle the activities that aggravate your condition:

- Stairs
- Sitting
- Stooping
- Coughing
- Looking up
- Lying face up
- Chores
- Exercise
- Driving
- Look Down
- Straining
- Lifting
- Standing
- Walking
- Sleeping
- Reaching
- Movement
- Typing
- Scooping
- Rest
- Twisting
- Sneezing
- Bending

Circle activities that relieve your condition:

- Sitting
- ice
- rest
- stretching
- exercise
- topical gel
- not moving
- standing
- lying down
- movement
- adjustment
- ibuprofen
- heat
- knees bent
- leaning for support
- Prescribed medication

Please rate your progress in the 6 areas that are most affected by your symptoms:

- **Lifting:** ____% improved
- **Reading:** ____% improved
- **Headache:** ____% improved
- **Frequency of headaches:** ____% improved
- **Sleeping:** ____% improved
- **Standing:** ____% improved
- **Recreation:** ____% improved
- **Throwing:** ____% improved
- **Carrying:** ____% improved
- **Pulling:** ____% improved
- **Heavy housework:** ____% improved
- **Light housework:** ____% improved
- **Personal care (washing, dressing):** ____% improved
- **Lying:** ____% improved
- **Driving:** ____% improved
- **Sit to stand:** ____% improved
- **Shopping:** ____% improved
- **Bending:** ____% improved
- **Running:** ____% improved
- **Writing:** ____% improved
- **Picking up objects:** ____% improved
- **Reaching:** ____% improved
- **Reaching behind:** ____% improved
- **Pushing:** ____% improved
- **Opening jars:** ____% improved

Assessments: CADS RM ROW NDI