Back to Life Chiropractic **Re-Exam-Patient Update**

List your chief complaints in order of severity: Check all those that describe your condition:

Complaint 1:____

For How Long?____

What originally caused this problem?____

Feels Like: □ Aching □ Burning □ Dull □ Pulling □ Sharp □ Shooting □ Stabbing □ Stinging

□ Throbbing □ Numbness □ Pins and Needles □ Cramps □ Other________________

Bothers Me: □ Constant (100%) □ Frequent (50%-75%) □ Intermittent (25%-50%) □ Occasional(1%-25%)

It Has Been: □ Getting Worse □ Staying Same □ Getting Better

Pain Scale: (0=No Pain - 10 Severe Pain)

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

The Following Increases Pain:

□ Moving □ Sitting □ Lifting □ Bending □ Walking □ Laying Down □ Other______________

The Following Decreases Pain:

□ Moving □ Sitting □ Lifting □ Bending □ Walking □ Laying Down □ Other______________

Does the Pain Travel/Radiate?: □ Yes □ No If yes, where: ____________________to_____________________

Complaint 2:____

For How Long?____

What originally caused this problem?____

Feels Like: □ Aching □ Burning □ Dull □ Pulling □ Sharp □ Shooting □ Stabbing □ Stinging

□ Throbbing □ Numbness □ Pins and Needles □ Cramps □ Other________________

Bothers Me: □ Constant (100%) □ Frequent (50%-75%) □ Intermittent (25%-50%) □ Occasional(1%-25%)

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Pain Scale: (0=No Pain - 10 Severe Pain)

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

The Following Increases Pain:

□ Moving □ Sitting □ Lifting □ Bending □ Walking □ Laying Down □ Other______________

The Following Decreases Pain:

□ Moving □ Sitting □ Lifting □ Bending □ Walking □ Laying Down □ Other______________

Does the Pain Travel/Radiate?: □ Yes □ No If yes, where: ____________________to_____________________

Complaint 3:____

For How Long?____

What originally caused this problem?____

Feels Like: □ Aching □ Burning □ Dull □ Pulling □ Sharp □ Shooting □ Stabbing □ Stinging

□ Throbbing □ Numbness □ Pins and Needles □ Cramps □ Other________________

Bothers Me: □ Constant (100%) □ Frequent (50%-75%) □ Intermittent (25%-50%) □ Occasional(1%-25%)

It Has Been: □ Getting Worse □ Staying Same □ Getting Better

Pain Scale: (0=No Pain - 10 Severe Pain)

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

The Following Increases Pain:

□ Moving □ Sitting □ Lifting □ Bending □ Walking □ Laying Down □ Other______________

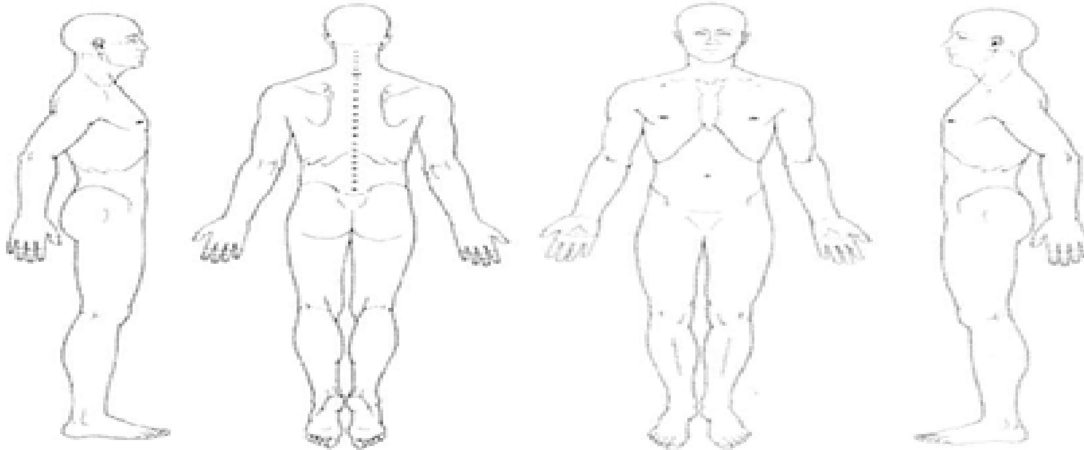
The Following Decreases Pain:

□ Moving □ Sitting □ Lifting □ Bending □ Walking □ Laying Down □ Other______________

Does the Pain Travel/Radiate?: □ Yes □ No If yes, where: ____________________to_____________________

Back to Life Chiropractic **Re-Exam-Patient Update**

Name:_________________________________ Date:______________



Does your condition interfere with your

Work	□ No	□ Causes slight increase in pain	□ Have to alter job duties	□ Can't work
Daily Routine	□ No	□ Causes increase in pain	□ Need help due to increase in pain	
Recreation	□ No	□ Causes increase in pain	□ Have to alter workout	□ Can't do

***Does your condition interfere with any of the following*:**

□ *Work* □ *Sleep* □ *Daily Routine* □ *Recreation* □ *Computer Use* □ *Sports* □ *Reading* □ *Exercise* □ *Vacuuming* □ *Cleaning* □ *Cooking* □ *Watching Kids/Grand kids* □ *Yard Work* □ *Driving* □ *Relationship* □ *Shopping* □ *Gardening* □ *School* □ *Self Care* □ *Social Life* □ *Other*_____________________

If your condition interferes with the following please answer, Pain prevents me from:

Sitting: more than		□ >1hr	□ 1/2 hr	□ 10 min	□ I avoid sitting
Standing: I can't stand longer than		□ 1 hour	□ 1/2 hr	□ 10 min	□ I avoid standing
Walking: I can't walk longer than		□ 1 mile	□ 1/2 mile	□ 1/4 mile	□ I avoid walking
Sleep disturbed	□ >1hr sleepless	□ 1-2hr sleepless	□ 2-3hr sleepless		□ >3hrs sleepless

Have you had any incidents that could aggravate your chief complaint, such as a fall, car accident or injury?

□ No □ Yes (explain)____

Are there any new complaints/charges in health or medication we should know about?

□ No □ Yes (explain)____

Is there anything we can do to improve your experience with our office?

□ No □ Yes (explain)____

Patient Signature:___________________________________ **Date:**_______________________