The Health Connection
CHIROPRACTIC • ACUPUNCTURE • MASSAGE

Re-Examination

Name:____ **Date:**_______________

Date of Last Exam:__________________________________ [ ] Unknown

What was / were your primary complaint (s) when you first presented to this office?

1. ____
2. ____
3. ____

What symptoms have improved since beginning care at this office?

1. ____
2. ____
3. ____

What Symptoms are you currently experiencing? (please rate level of pain 0-10)

1. ____ / 10
2. ____ / 10
3. ____ / 10

Functional Activities:

What activities have been better / easier since your last examination?

____

Please indicate which of the following activities are affected by your current condition:

[ ] Work [ ] Daily chores [ ] Sleeping [ ] Sitting

[ ] Standing [ ] Driving [ ] Walking [ ] Recreational activities

[ ] Sexual activity [ ] Bathing [ ] Exercise [ ] _____________________

How has your overall health improved since your last examination?

[ ] Pain reduction [ ] Better sleep [ ] Better mood [ ] Increased energy

[ ] Better digestion [ ] Improved immune function [ ] Other:_______________________

Is there anything you don't understand about your current condition or treatment?

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Have you had your family members in for a spinal check-up? [ ] Yes [ ] No

How would you rate your experience at The Health Connection?

[ ] Excellent [ ] Good [ ] Average [ ] Fair [ ] Poor

Comments:____

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