

Braille Chiropractic

How Are You Doing ?

Please take a moment to fill out this important update form. This information will better help us monitor your progress and make decisions that will affect your care. Complete this form to the best of your ability. It is very important that you use as much detail as possible. This form is part of your permanent health record and can be sent to other physicians or insurance companies. Please print or write clearly. Thank you very much.

Name _____ Date _____

If you have recently had a change of address or phone, please list it below.

1) What was your *Primary* health problem as of the date of your last exam with us? Please describe.

2) How is this problem now, compared to then?

3) What other problems did you have as of the date of your last exam with us?

4) How are each of them now?

5) Have you developed any new problems since the date of your last exam with us?

6) Please describe or list any new accident, surgeries, x-rays, medications, or illnesses since your last exam with us.

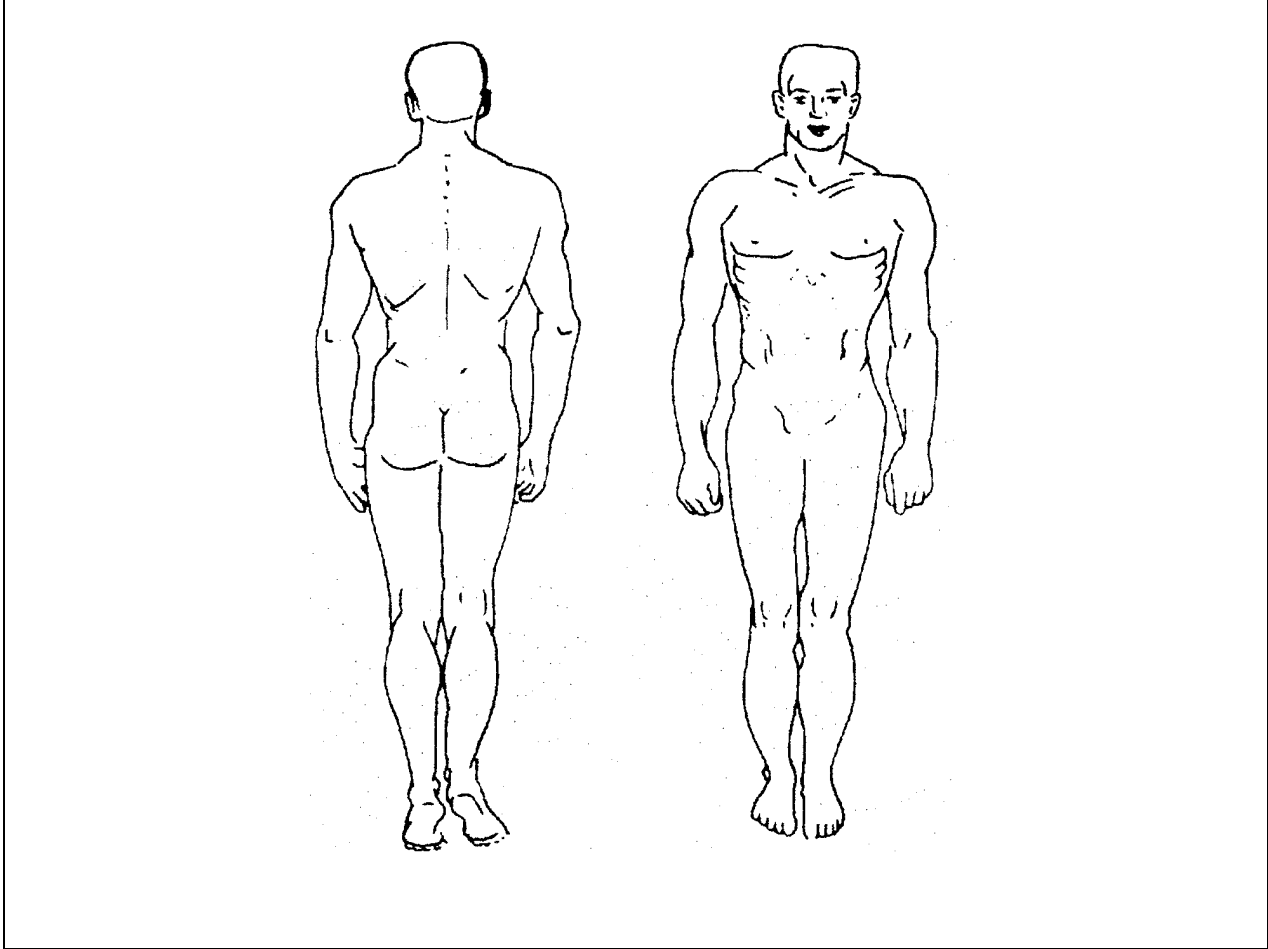
7) On a percentage scale, please rate your present overall health status by circling your choice.
Healthy - 100% --90 -- 80 -- 70 -- 60 -- 50% -- 40 -- 30 -- 20 -- 10% - Very Sick

8) Have you lost any work because of your present condition? Yes ___ No ___
If Yes, Give dates, From _____ To _____
If still working, is it affecting your work in some way, please describe.

9) If your present condition is affecting your home life, please describe.

10) **Females:** is there a possibility you may be pregnant? Yes No

11) Please use the diagrams below to circle the areas that you are presently having problems. Feel free to describe each of the areas you select by writing a brief description next to the area.



12) Is there any additional information we should know that would assist us in your care?

13) Are you pleased with your Chiropractic care? Please take a moment and be specific.

Your Signature Please _____