

Initial Patient Progress

Name _____

Today's Date _____

Current/ Chief Complaint: _____

Please rate what your CURRENT pain level by **CIRCLING** the number.

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

Major Reason(s) for Starting Care: _____

Please rate your **CURRENT** pain level

ACTIVITIES OF DAILY LIVING

BENDING

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

CARRYING OBJECTS

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

CHANGING POSITION

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

CLIMBING STAIRS

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

DRIVING

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

EXTENDED COMPUTER/DESK WORK

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

HOUSEHOLD CHORES

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

LIFTING

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

SELF CARE (Washing, Bathing)

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

SLEEPING

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

WALKING

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

YARD WORK

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do)
☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

WORK ACTIVITIES

Occupation/Job Title: _____

Lifting Frequency:

- ☐ Constant (67-100%/day) ☐ Frequent (33-66%/day) ☐ Occasional (0-32%/day)

Work Activity Postures:

- ☐ Bending ☐ Kneeling ☐ Pulling ☐ Pushing ☐ Standing
☐ Twisting ☐ Walking ☐ Reaching ☐ Sitting

Pain Level Doing Job Duties:

- ☐ No Effect (No Pain) ☐ Mild (Painful, Can Do) ☐ Moderate (Painful, Limited) ☐ Severe (Painful, Can Not Do)

CARE

Please **CIRCLE** Any and All of the Following Activities that Make the Problem Worse.

Job Activities

Sneezing

Changing Positions

Sexual Activity

Lifting

Coughing

Prolonged Sitting

Home Chores

Bending

Straining

Prolonged Standing

Recreation

Twisting

Walking

Weather Changes

Sleeping

Does Rest Help this Problem? _____

Does Ice or Heat Help this Problem? _____

Other/Comments: _____



From Pain Relief to Wellness