INTEGRATIVE THERAPIES • 7-E Oak Branch Dr • Greensboro, NC 27407 • 336-294-0910

# RE-EVALUATION

Name: _____ Date: _____

1a. Please circle a number for the LEAST pain you experienced during the last week.

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

1b. Please circle a number for the MOST pain you experienced during the last week.

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

2. List three activities that you are having difficulty doing, or tend to make your symptoms worse.

_____

3. What position or activity reduces the pain?

_____

4. List anything that has improved since starting physical therapy (e.g., sleep, activity level or abilities).

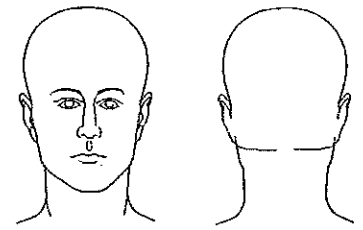
_____

5. List any medications you have stopped taking _____
or significantly reduced since your last evalution _____

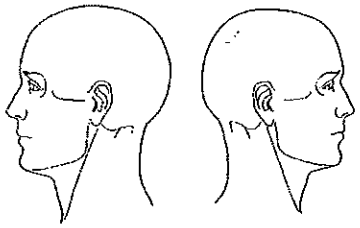
6. Are there any new medications that you started taking since your last evaluation?

| Name of New Medication (dosage/amount) | How long have you been taking? | Frequency of use | Condition |
|---|---|---|---|
| | | | |
| | | | |

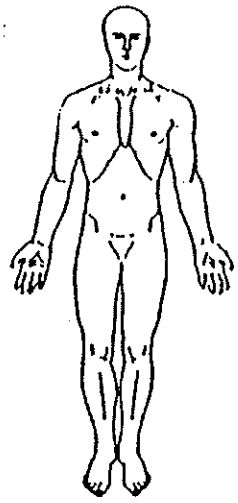
7. Please shade in areas where you have pain and discomfort. Shade in more darkly those areas that have the greatest discomfort.



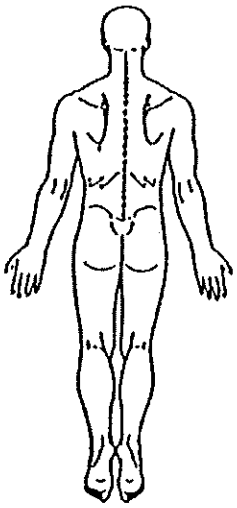
FRONT BACK



LEFT RIGHT



FRONT



BACK

RIGHT

LEFT

Please take a moment to address "Percentage Overall Improvement" for each condition since your first visit.

☐ None

| Area | Left | Right | Pain | Stiffness | Numbness | Tingling | Burning | Resolved | Improving | Not Improving | Percentage (%) Overall Improvement |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ Neck | | | | | | | | | | | |
| ☐ Shoulder | | | | | | | | | | | |
| ☐ Arm | | | | | | | | | | | |
| ☐ Mid Back | | | | | | | | | | | |
| ☐ Low Back | | | | | | | | | | | |
| ☐ Hip | | | | | | | | | | | |
| ☐ Leg | | | | | | | | | | | |
| ☐ TMJ | | | | | | | | | | | |
| ☐ | | | | | | | | | | | |
| ☐ Headache | | | | | | | | | | | |

How are you doing with your home self-care/exercise program? _____

_____

Is there anything in particular you feel you need to know or accomplish today? _____