## Patient Follow-up Questionnaire

Lipkin Chiropractic Clinic Oaklake Medical Centre 2595 Tampa Road Suite P Palm Harbor, FL 34684

. How often do you experience your symptoms? Indicate where you have pain or other symptoms  ① Constantly (76-100% of the day) ② Frequently (51-75% of the day) ③ Occasionally (26-50% of the day) ③ Intermittently (0-25% of the day) ③ Intermittently (0-25% of the day) ③ Unit ache ③ Burning ③ Numb ④ Tingling ④ Now are your symptoms changing? ④ Getting Better ④ Not Changing ⑤ Getting Worse How bad are your symptoms at their:  a. worst: ③ ① ② ④ ④ ⑥ ① ⑥ ④ ⑥ ① ⑥ ④ ⑥ ② ⑥ ② ⑥ ⑥ ② ⑥ ② ⑥ ⑥ ② ⑥ ② ⑥ ⑥ ② ⑥ ② ⑥	Patient Name	Date	Faiiii naru	OI, FL 3466
© Constantly (76-100% of the day) © Frequently (51-75% of the day) © Occasionally (26-50% of the day) © Intermittently (0-25% of the day) © Intermittently (0-25% of the day) © Unitermittently (0-25% of the day) © Unitermittently (0-25% of the day) © Sharp © Shooting © Dull ache © Burning © Numb © Tingling © Noth Changing © Getting Better © Not Changing © Getting Worse  How bad are your symptoms at their:  a. worst:  b. best:  b. best:  b. best:  c. Wone  Uniterable  Uni	Describe your current symptoms			
© Frequently (51-75% of the day) © Occasionally (26-50% of the day) © Intermittently (0-25% of the day) © Intermittently (0-25% of the day) © Intermittently (0-25% of the day) © Sharp © Sharp © Shooting © Dull ache © Burning © Numb © Tingling  How are your symptoms changing? © Getting Better © Not Changing © Getting Worse  How bad are your symptoms at their:  a. worst:  b. best:  b. best:  c. o complaints  Mild, forgotten with activity  Moderate, interferes with activity  Mild activity  Moderate, interferes Limiting, prevents full activity  With activity possible  What do you hope to get from your visit/treatment (select all that apply):  © Reduce symptoms © Resume/increase activity © Learn how to take care of this on my own ©  Prevent this from occurring again © How to prevent this from occurring again © How to prevent this from occurring again		licate where you have pa	in or other symptoms	
© Sharp © Shooting © Dull ache © Burning © Numb © Tingling  How are your symptoms changing? © Getting Better © Not Changing © Getting Worse  How bad are your symptoms at their:  a. worst: © ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑥  b. best: © ① ② ③ ④ ⑥ ⑥ ⑦ ⑧ ⑨ ⑥  How do your symptoms affect your ability to perform daily activities? © complaints Mild, forgotten with activity Moderate, interferes with activity Mild activity With seeking relief Severe, no activity possible  What do you hope to get from your visit/treatment (select all that apply): © Reduce symptoms © Explanation of condition/treatment ② Resume/increase activity © Learn how to take care of this on my own	<ul><li> Frequently (51-75% of the day)</li><li> Occasionally (26-50% of the day)</li></ul>			
© Getting Better ② Not Changing ③ Getting Worse  None  Wone  How bad are your symptoms at their:  a. worst: ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑥  b. best: ② ① ② ③ ④ ⑥ ⑥ ⑦ ⑧ ⑨ ⑥  How do your symptoms affect your ability to perform daily activities? ② ○ complaints  Mild, forgotten with activity  Moderate, interferes with activity  What do you hope to get from your visit/treatment (select all that apply): ① Reduce symptoms ③ Explanation of condition/treatment ② Resume/increase activity ④ Learn how to take care of this on my own ⑥	① Sharp ② Shooting ② Dull ache ⑤ Burning		NULL FOR THE PROPERTY OF THE P	
How bad are your symptoms at their:  a. worst:  b. best:  d. d	Getting Better     Not Changing			
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<ul> <li>① Reduce symptoms</li> <li>② Explanation of condition/treatment</li> <li>② Resume/increase activity</li> <li>④ Learn how to take care of this on my own</li> <li>⑥ How to prevent this from occurring again</li> <li>⑥</li> </ul>		⑤ ⑥ ⑦ Limiting, prevents	Intense, preoccupied	Severe, no
Additional comments	<ul><li>Reduce symptoms</li><li>Explanation of condition</li></ul>	on/treatment @		occurring again
	Additional comments			
	•			
ntient Signature Date				