

Patient Follow-up Questionnaire

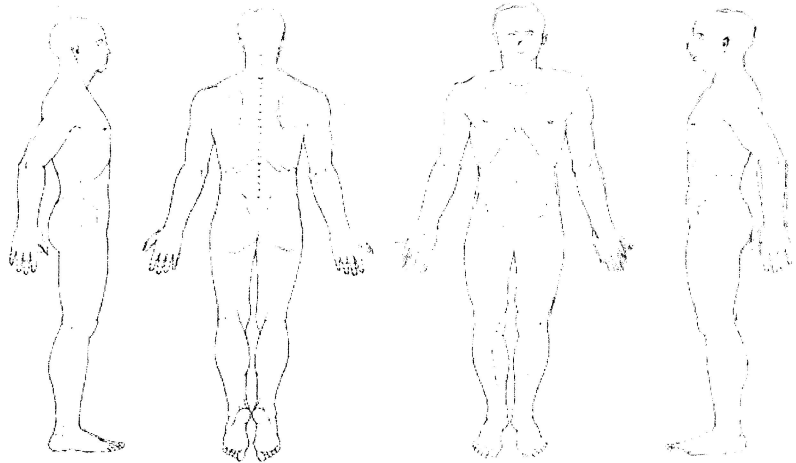
Lipkin Chiropractic Clinic
Oaklake Medical Centre
2595 Tampa Road Suite P
Palm Harbor, FL 34684

Patient Name _____ Date _____

1. Describe your current symptoms _____

2. 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)
- ④ Intermittently (0-25% of the day)



3. What describes the nature of your symptoms?

- ① Sharp ④ Shooting
② Dull ache ⑤ Burning
③ Numb ⑥ Tingling

4. How are your symptoms changing?

- ① Getting Better
② Not Changing
③ Getting Worse

5. How bad are your symptoms at their:

a. worst: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

b. best: ⑩ ⑨ ⑧ ⑦ ⑥ ⑤ ④ ③ ② ①

6. How do your symptoms affect your ability to perform daily activities?

①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
No complaints	Mild, forgotten with activity		Moderate, interferes with activity		Limiting, prevents full activity		Intense, preoccupied with seeking relief		Severe, no activity possible

7. What do you hope to get from your visit/treatment (select all that apply):

- ① Reduce symptoms ③ Explanation of condition/treatment ⑤ How to prevent this from occurring again
② Resume/increase activity ④ Learn how to take care of this on my own ⑥

8. Additional comments

Patient Signature _____ **Date** _____

Date _____