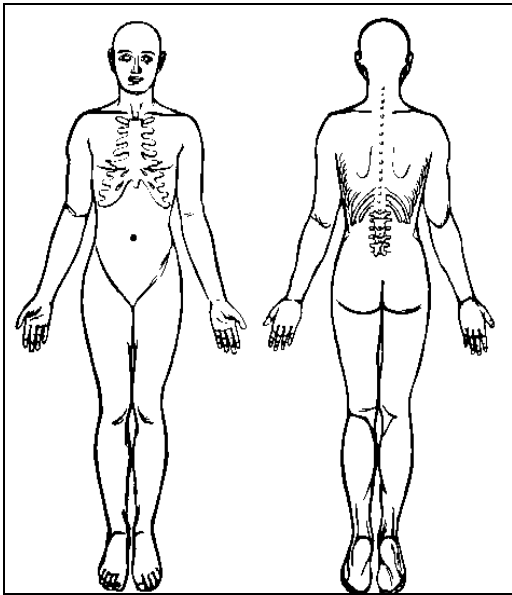


# Clinical Update Report

Patient Name: \_\_\_\_\_

Please indicate the area and nature of your complaint(s) on the diagram below:

S = Sharp, D = Dull, P = Pins and Needles, N = Numb, B = Burning, T = Throbbing, C = Cramping



Please describe your complaint(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate the *current* pain level of each complaint on the scale below:

**(No Pain) 0---1---2---3---4---5---6---7---8---9---10 (Unbearable)**

Is it *constant* or does it *come and go*? \_\_\_\_\_

Is it getting progressively worse? \_\_\_\_\_

When does it hurt the most? \_\_\_\_\_

When did you first notice this problem? \_\_\_\_\_

What activity were you performing? \_\_\_\_\_

What makes it feel better? \_\_\_\_\_

What makes it feel worse? \_\_\_\_\_

Is this new complaint related to an automobile accident or workplace injury?  YES  NO

If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use this section for updated contact and insurance information only:**

New Street Address: \_\_\_\_\_

New City, State, Zip: \_\_\_\_\_

New Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

New Insurance Name: \_\_\_\_\_

New Insurance ID Number: \_\_\_\_\_

Please present your new insurance card to the front desk so we may make a copy for our records

Signature: \_\_\_\_\_ Date: \_\_\_\_\_