

Patient Re-exam Self-Assessment Form

Patients Name:				Date of Service:						Akin		
Chief Complaint(s), please list the top 3 in order of severity, and mark the diagram with an X in all locations where you have pain, numbness, or tingling.												
1)												
2)									Zin)	Zul 1	Sul - lus	
3)												
Date symptoms appea									-			
COMPLAINT #1: Pa		• .					_					
0	1	2 □	3	4	5 □	6	7 □	8	9 □	10		
Type of Pain:	Ш	Ш				Ш	Ш	Ш		Ш		
☐ Stiffness [☐ Swelling	g □ Thi	robbing	□ Nur	nbness	□ Dull	□ Aching	□ S	hooting	□ Burning	☐ Tingling	
□ Cramps [□ Sharp [□ Other:				_						
Symptom frequency:												
☐ Constantly (76-100%)	%) □ Fr	equently	(51-75%	6) □	Occasio	onally (26	5-50%) □	Intern	nittently	(1-25%)		
COMPLAINT #2 Pair	n intensity	y (0=Non	e, 10=S	evere):			<u> </u>					
0	1	2	3	4	5	6	7	8	9	10		
Type of Pain:												
☐ Stiffness [☐ Swelling	g □ Thi	robbing	□ Nur	nbness	□ Dull	□ Aching	\square S	hooting	□ Burning	☐ Tingling	
☐ Cramps [□ Sharp [□ Other:				_						
Symptom frequency:												
□ Constantly (76-100%	%) □ Fr	equently	(51-75%	6) □	Occasio	onally (26	5-50%) □	Intern	nittently	(1-25%)		
COMPLAINT #3 Pair	n intensity	y (0=Non	e, 10=S	evere):								
0	1						7		9	10		
True of Doine												
Type of Pain: ☐ Stiffness ☐	□ Swelling	g □ Thi	robbing	□ Nur	nbness	□ Dull	□ Aching	; □ S	hooting	□ Burning	☐ Tingling	
□ Cramps □	¬ Sharn ⊣	- □ Other:								_		
Symptom frequency:	⊐ Sharp i	□ Other.				_						
□ Constantly (76-100%	/) □ E •	oguantly.	(51 750	<i>(</i>) □	Oggania	mally (26	5 5 00/) \Box	Inton	nittantly.	(1.25%)		
Constantly (70-1007	0) 🗆 11	equentry	(31-737	0) ⊔	Occasio	many (20	J-3070) 🗆	mien	inttentry	(1-2370)		
Has there been any ch	nange in y	our over	all heal	th since	your la	ast visit?	□ Yes □	□ No	If yes, I	please expla	in:	
Has there been any chexplain:	~								No If	yes, please	_	
Patient Signature:								Date	: :			