EVALUATION REPORT

Date: _____

GENERAL SYMPTOMS (Circle as many as apply)	MID-BACK (Circle as many as apply)			
A) Nervousness C) Irritability E) Fatigue G) Depression) Both	
B) Loss of Sleep D) Tension F) PMS I	H) Jaw Pain	Pain Level 1) Mild 2)Moderate 3)		
			ll Ache	
HEAD (Circle as many as apply)	B) Muscle Spasm 1) Left 2) Right 3)	Both		
A) Headache 1) Mild 2) Moderate				
How Often (1 2 3 4 5 6) Per (Day/W	CHEST (Circle as many as apply)			
Are they 1) Sharp 2) Dull	A) Deep Chest Pain 1) Left 2) Right 3) Both			
Are they 1) Constant 2) Intermittent		Pain Level 1) Mild 2) Moderate 3)) Severe	
Where located 1) Back of Head 5)Top of Head		, ,) Both	
2) Temples 6) Forehead		C) Shortness of Breath		
3) Right Side 7) Lef	D) Irregular Heartbeat			
4) Behind Eyes				
B) Light Headed C) Memory Loss D) Fainting	ng	ABDOMINAL SYMPTOMS (Circle as many as app	oly)	
E) Blurred Vision F) Double Vision G) Sensit	tivity to Light	A) Pain 1) Mild 2) Moderate 3) Severe		
H) Loss of Balance I) Hearling Loss J) Ringin	g in Ears	B) Nervous Stomach C) Nausea D) Gas E) Constipation		
		C) Diarrhea G) Heartburn H) Indigestion I) Loss	of Appetite	
Neck (Circle as many as apply)				
A) Pain 1) Left Side 2) Right Side	3) Both	LOW-BACK (Circle as many as apply)		
Pain Level 1) Mild 2) Moderate	3) Severe	A) Upper Lumbar Pain 1) Left 2) Right	3) Both	
Pain Increased by 1) Forward Movement	B) Lower Lumbar Pain 1) Left 2) Right	3) Both		
2) Backward Movement	C) Sacro-Iliac Pain 1) Left 2) Right	3) Both		
3) Rotate Head Left	D) Muscle Spasm 1) Left 2) Right	3) Both		
4) Rotate Head Right	* Low back Pain Level 1) Mild 2) Moderate	3) Severe		
5) Bend Neck Left				
6) Bend Neck Right	HIPS and LEGS (Circle as many as apply)			
B) Stiffness C) Muscle Spasm D) Grinding/Gra	A) Pain in Buttocks 1) Left 2) Right 3) Both			
	Pain Level 1) Mild 2) Moderate 3) Severe			
SHOULDERS (Circle as many as apply)			3) Both	
A) Pain in Joint 1) Left 2) Right	·		evere	
B) Pain Across Shoulder 1) Left 2) Right	3) Both	, , ,	3) Both	
C) Limitation of Movement 1) Left 2) Right	3) Both	· · · · · · · · · · · · · · · · · · ·	3) Side	
D) Tension 1) Left 2) Right	3) Both) Foot	
			Both	
Arms (Circle as many as apply)			3) Side	
A) Pain in Upper Arm 1) Left 2) Right) Both	
B) Pain in Elbow 1) Left 2) Right	· ·		3) Side	
C) Pain in Forearm 1) Left 2) Right	· ·		B) Both	
D) Pins & Needles (Arm) 1) Left 2) Right	<i>'</i>	G) Leg Cramps 1) Left 2) Right 3	3) Both	
E) Pins & Needles (Forearm) 1) Left 2) Right				
F) Numbness in Arm 1) Left 2) Right	3) Both	FEET (Circle as many as apply)		
G) Numbness in Forearm 1) Left 2) Right	3) Both	, , ,	3) Both	
		B) Swollen Ankle 1) Left 2) Right	3) Both	
Hands (Circle as many as apply)			3) Both	
A) Pain in Wrist 1) Left 2) Right	· ·		3) Both	
B) Pain in Hand 1) Left 2) Right	t 3) Both		3) Both	
C) Pins & Needles (Hand) 1) Left 2) Right	3) Both	F) Cramps 1) Left 2) Right	3) Both	
D) Numbness (Hand) 1) Left 2) Right	3) Both			
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Patient Name _		 	
Therapist's Nan	ne		