

## PROGRESS NOTES

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

### PART A

1. What is your **Primary Reason** for today's visit? \_\_\_\_\_

2. Is this a **New Accident, Injury or Condition?**  Yes (If "Yes", please proceed to Part B)  No

3. Please indicate any areas of pain on diagrams. ➤

4. What best describes the progress of your **Primary Complaint**:
- I am feeling great!  There has been no change.  
 I am feeling better.  I have had a slight relapse.  
 I am feeling a little better.  I feel worse.  
 There has been a slight improvement.

Describe: \_\_\_\_\_

5. Please rate the level of pain for your **Primary Complaint**:

0 1 2 3 4 5 6 7 8 9 10  
 Symptom Free Moderate Symptoms Severe Symptoms

6. What is your **Secondary Reason** for today's visit? \_\_\_\_\_

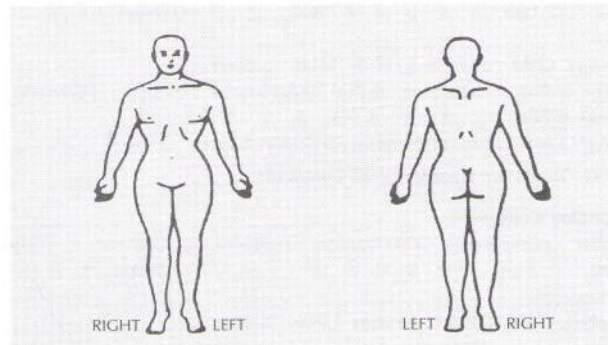
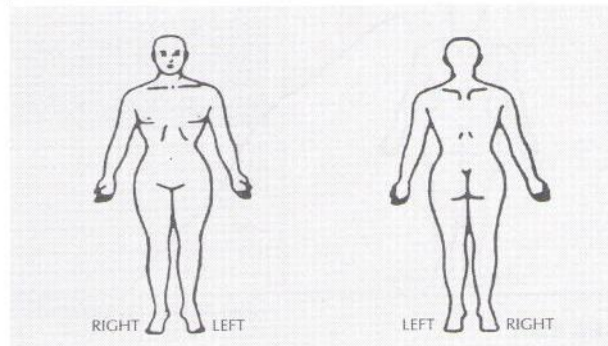
7. Please indicate any areas of pain on diagrams. ➤

8. What best describes the progress of your **Secondary Complaint**:
- I am feeling great!  There has been no change.  
 I am feeling better.  I have had a slight relapse.  
 I am feeling a little better.  I feel worse.  
 There has been a slight improvement.

Describe: \_\_\_\_\_

9. Please rate the level of pain for your **Secondary Complaint**:

0 1 2 3 4 5 6 7 8 9 10  
 Symptom Free Moderate Symptoms Severe Symptoms



PATIENT'S SIGNATURE: \_\_\_\_\_

### PART B \*\* ONLY FILL THIS OUT IF YOU HAVE A NEW INJURY \*\*

1. Describe your **New Injury or Condition**: \_\_\_\_\_

2. What caused this? \_\_\_\_\_

3. When did it occur? \_\_\_\_\_

4. Have you had this before?  Yes  No If yes, when? \_\_\_\_\_

5. Have you been treated for this before?  Yes  No When, & by whom? \_\_\_\_\_

6. What is harder since the injury (check all that apply)?

Walking  Riding  Working  Bending  Other \_\_\_\_\_  
 Standing  Sitting  Lifting  Coordination/Balance

7. Is this a result of:  Employment  Auto Accident  Personal Injury  Other \_\_\_\_\_

8. Rate the level of pain: 0 1 2 3 4 5 6 7 8 9 10  
 Symptom Free Moderate Symptoms Severe Symptoms

RXNT	DR INIT.	EMR	CARD	COMP	EXCEL
_____	_____	_____	_____	_____	_____

APPT: M T W Th F S 1W 2W 3W 1M 6W 2XW 3XW WC AA