

Patient Re-Evaluation Questionnaire

Name _____ Case# : _____

It is important to us that we monitor your care and the effectiveness of treatment. Please help us update your file and treatment plan by answering the following questions. Thank you.

What conditions are currently bothering you? Please list the areas of complaint and draw on the diagram.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



Are any of these a new or changed problem that we have not evaluated yet? If yes, what # _____?

Please answer the following questions for only the conditions we are currently treating:

- 1. Since your patient consultation how would you rate your overall improvement?
None 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Complete
- 2. Have any of your complaints shown no improvement or worsened? No ___ Yes ___
- 3. On average, how many times a day, week, and/or a month do you experience symptoms?
_____ times a day _____ times a week _____ times a month
- 4. On average, when you experience symptoms, how long do the symptoms last?
_____ less than 5 min _____ less than 1 hour _____ 1.5 hours _____ 6-12 hours _____ all day
- 5. Since your last examination, has the amount of pain medications you are taking changed?
_____ more _____ same _____ less _____ don't take any now _____ never took any
- 6. Do you have any questions or concerns regarding you progress at this point?

Patient Signature _____ Date _____