American Specialty Health (ASH)
P. O. Box 509001, San Diego, CA 92150-9001
California Only Fax: 877.427.4777 All Other States Fax: 877.304.2746

PATIENT PROGRESS

Patient completes this form. Chiropractic For questions, please call ASH at 800.972.4226

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Patient Name_	
Please complete the following three (3) questions regarding how you feel today	y.
	ARK AN X ON THE PICTURE WHERE YOU AVE PAIN OR OTHER SYMPTOMS.
Current complaint:	
0 1 2 3 4 5 6 7 8 9 10 No Pain Unbearable Pain	
2. Are you getting better?	
Current Condition(s)/Complaint(s) Rate your overall progre	ss since starting care
1 % (0% = No improvement an	d 100% = Fully recovered)
2 % (0% = No improvement an	d 100% = Fully recovered)
In the past week, on average how often have your symptoms been present? (Occasional) \square 0 – 25% \square 26 – 50% \square 51 – 75%	
In the past week, how much has your pain interfered with your daily activities (e.g., w	vork, social activities, or household chores
0 1 2 3 4 5 6 7 8 9 10 No interference Unable to carry on	any activities
In general would you say your overall health right now is:	
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor	
3. Is there anything new?	
Have you had any new complaints/conditions?	☐ Yes
Have you had any re-injuries or events that have prolonged your recovery? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	☐ Yes
Explain	
I certify that the above information is complete and accurate to the best of doctor immediately whenever I have changes in my health condition or health	
Patient Signature	Date

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