

Practitioner/Clinic Name: \_\_\_\_\_

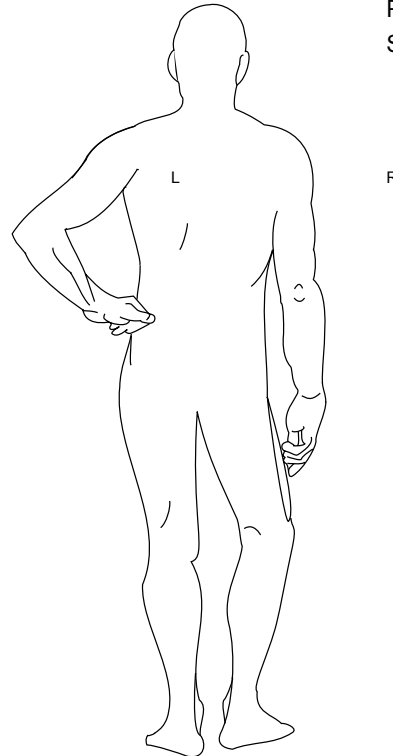
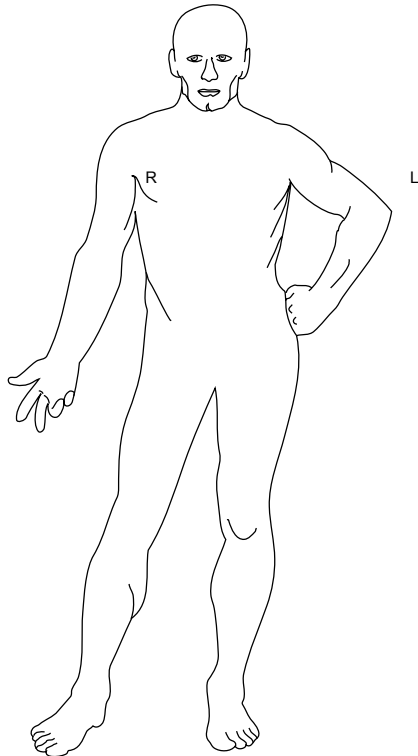
# Health Status Update

Contact Information: \_\_\_\_\_

## Client Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Depict how you are feeling today by drawing a circle on the figures representing the size and shape of the following symptoms. Place the letter representing the symptoms in or near the circle:*



P = Pain, ache, or tenderness  
S = Stiffness in the joint or muscle

*Rate how you are feeling today by drawing a circle around the number that best represents how you are doing today:*

No pain                      0   1   2   3   4   5   6   7   8   9   10                      Worst pain imaginable

Able to do everything      0   1   2   3   4   5   6   7   8   9   10                      Not able to do anything

## Comments

Is there anything else I should know about how you are feeling today or about your progress or care to date?

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

