

Follow-up Intake Form

Date _____

Welcome back! Please take a moment to provide an update.

Are there any changes to the status of your health since we last saw one another?

If so, please explain.

What is your pain level? (0-no pain, 10-Emergency) _____

Do you know what brought it on? _____ When did it begin? _____

What is your goal for today's treatment?

Is there anything else you would like to share?

Signature: _____