Practitioner/Clinic Name: _____

Contact Information: _____

Health Status Update

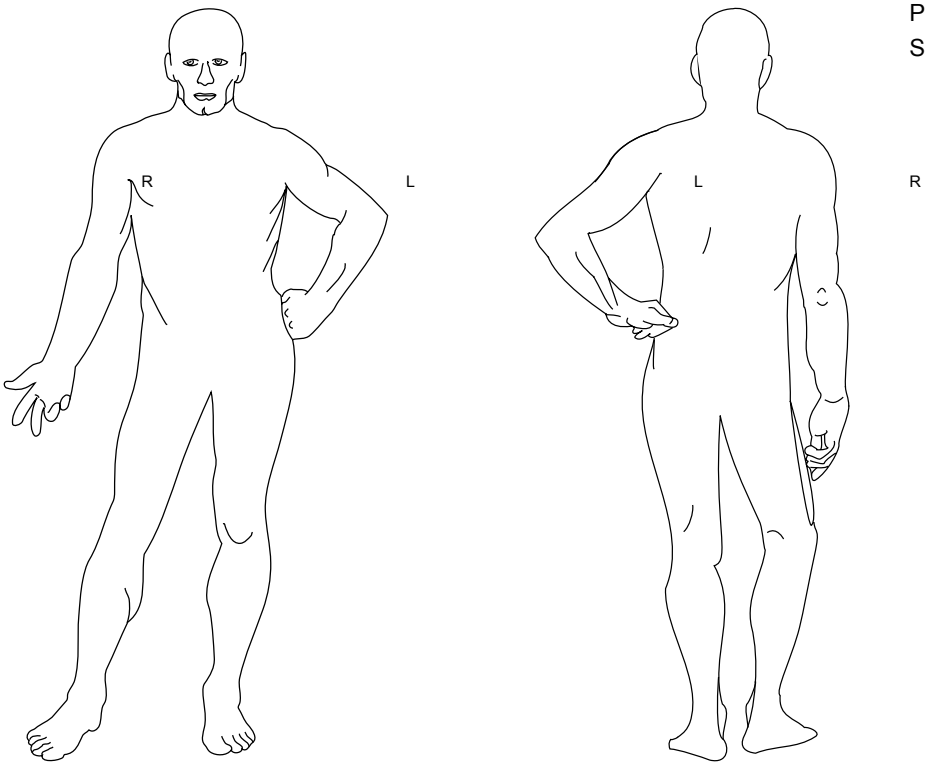
Client Information

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?

Signature: _____ Date: _____

abmp
MEMBER
Associated Bodywork & Massage Professionals