

FOLLOW UP HISTORY FORM

Name: _____ Date of Birth: _____

How has your condition/pain changed since your last visit to our clinic?
_____ % Improved _____ Unchanged _____ % Worse

Describe any changes since your last visit: _____

List any treatments and how well they have worked: _____

List and give dates of any labs, x-rays, CT scans or MRIs since your last visit: _____

List and give dates of any procedures or surgery since your last visit: _____

How many physical therapy visits have you attended since your last visit? _____

How many days per week are you performing a home exercise program? _____

Have you seen any other doctors since your last visit with us? If so, who?

Date you completed this form: _____

❖ Please bring the completed form with you to your appointment