CHANGE OF CONDITION REPORT

If you have experienced a sudden change in your physical condition, we would like to know about it because we want your treatment to be the best possible for your present state. Your complete recounting of any discomfort you have felt, and any accidents or injuries you have had recently, even if you experienced no apparent reaction, will help us help you more. Please provide us with the information requested below.

Name: ______________________ Date: __________

List any falls, accidents, or other injuries you have had since your last visit: ______________________

Date of Injury: ____________ Time: ____________

Where did it happen? ______________________

____

What happened? ______________________

____

List any out-of-the-ordinary pains, discomforts, or other symptoms you have experienced as a result of this injury:

____

____

____

What have you done to try to relieve your symptoms?

____

____

Have you received any other medical care for this injury? If so, where and what? ______________________

____

____

____

ALSO COMPLETE OTHER SIDE!

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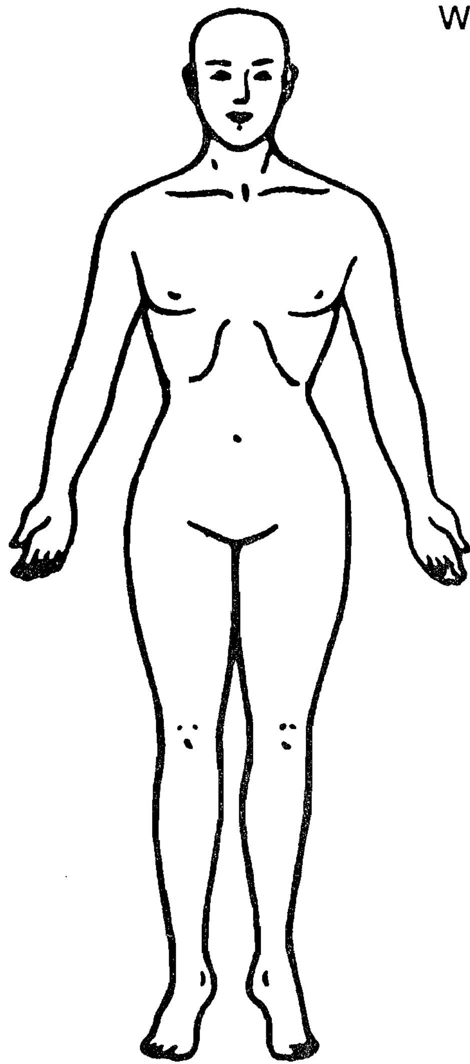
#1301120

On the illustrations below, please draw a line from the area of pain or injury to the word which most accurately describes it:



What kind of pain is it?

Sharp

Dull

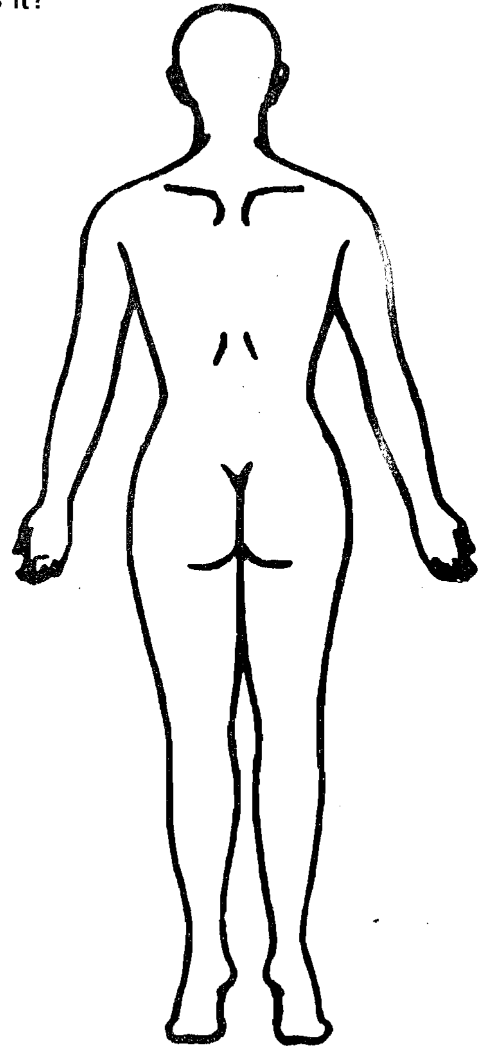
Tingling

Numbness

Constant

Comes & Goes

Other



It is worse when I: ______________________________

____

Other comments: ______________________________

____

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____

____

Signed: ______________________________ Date: ____________

Patient