



CUNNINGHAM CHIROPRACTIC PC

Dr. George Cunningham
210 Bridge Street, East Syracuse, N.Y. 13057
CunninghamChiropractic.com
315-445-9941 fax 315-445-2073

ADL FOLLOW UP : Name: _____ Date _____

1) Current Complaints: _____

_____ Are presently working? _____

2) Average Daily pain:

No pain 1 2 3 4 5 6 7 8 9 10 worst pain

3) How often do you experience your symptoms?: (circle best)

Constant (76-100% of the time) Frequent (51-75% of the time) Occasional (26-59% of the time) Intermittent(0-25%)

4) Describe your symptoms: (circle all that apply) achy · sharp ·dull ·shooting ·cramping ·burning · numb ·stabbing ·stinging · excruciating · _____

5) Please list any new medications: _____

6) What aggravates your condition?: (circle all that apply) Sitting ·standing ·sleeping ·lifting ·carrying ·stress · looking down · turning your head ·coughing ·sneezing·bending

7) What relieves your pain? _____

8) How has your condition changed with treatment ? : (circle best answer)

Has improved _____% · no change · little worse · worse

9) Due to pain I can only sit: 10 · 15 · 20 · 30 · 45min Stand: 10 · 15 · 20 · 30 · 45min walk: 10 · 15 · 20 · 30 · 45min

10) My ability to bend has increased/ decreased / remained unchanged (circle best choice)

11) I can lift/carry up to: 5# 10# 15# 20# 25# more than 25#

11) I can do all/ most/some/ none of my normal household duties (circle best choice)

Indicate where you have pain or other symptoms:

