ScoliosisKC
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Patient Progress Review

Name_____ Date:_____

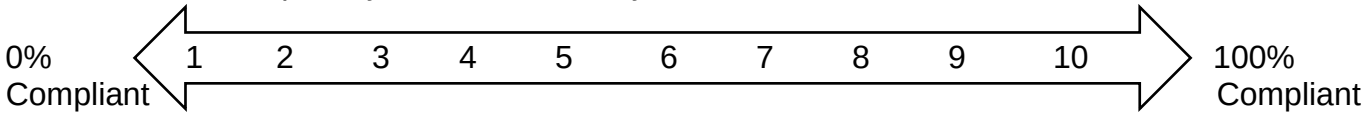
Completed by:_____

1. Since your most recent treatment (1-week, 2 week, or 6-week session), what health changes have you experienced (i.e., better posture, less pain)?
   _____
   _____
   _____

2. Do you have any new concerns since your last session? (i.e. stiffness, pain, discomfort)?
   _____
   _____
   _____

3. Were you recommended to purchase a Scoliosis Traction Chair for home use? Yes / No
   If Yes, did you purchase a Scoliosis Traction Chair? Yes / No
   If Purchased, how often do you use it?_____

4. Rate how well/compliant you have followed your home care recommendations below.



5. Explain why you gave yourself that rating:
   _____
   _____
   _____

6. Do you currently see a chiropractor? Yes / No If yes, how often?_____

7. Have you seen any other doctors regarding your condition? Yes / No

   If yes, who did you see and what was the result?
   _____
   _____
   _____

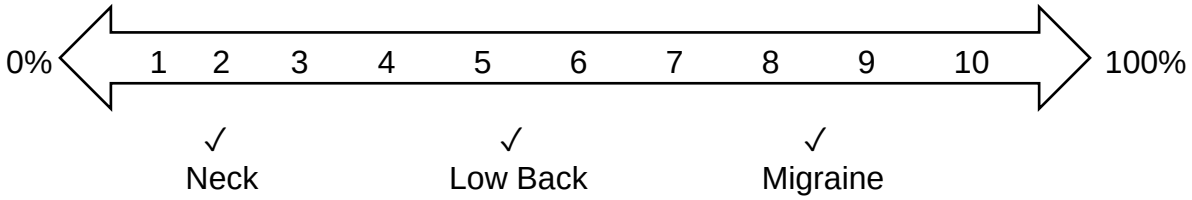
8. Were you recommended to purchase a ScoliBrace? Yes / No
   If Yes, did you purchase a ScoliBrace? Yes / No
   If Purchased, how many hours per day do you wear it?_____

9. What are your current goals? (i.e. continue to reduce curvature, maintain, prevent surgery)

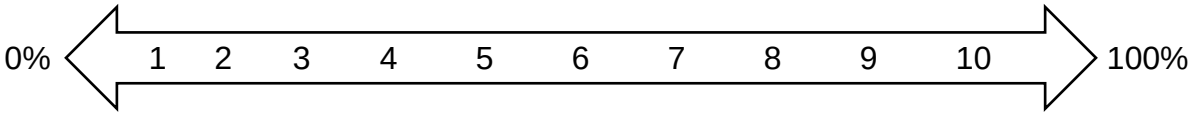
_____
_____
_____
_____

Please check the number that best describes the question being asked. If you have more than one complaint, please answer each question and indicate the score for each complaint.

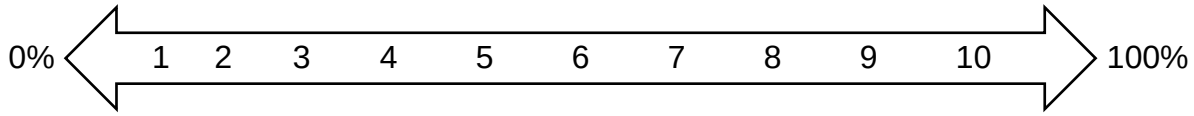
EXAMPLE:



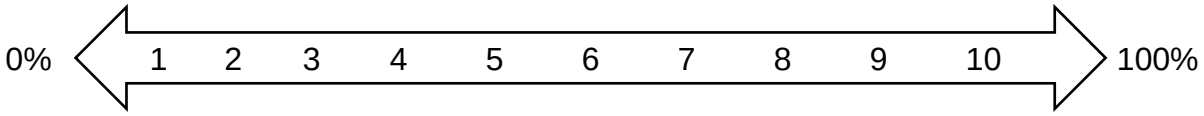
10. If you have a brace, do you have any discomfort from the brace? If you do not have a brace, write N/A



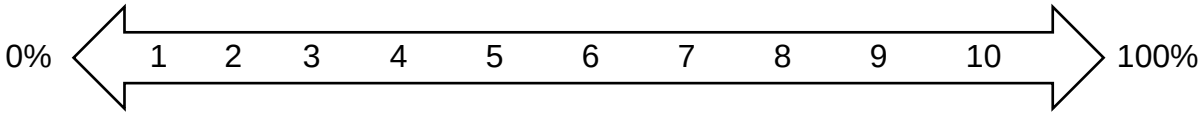
11. How is your pain RIGHT NOW? Not pertaining to the brace if you have one.



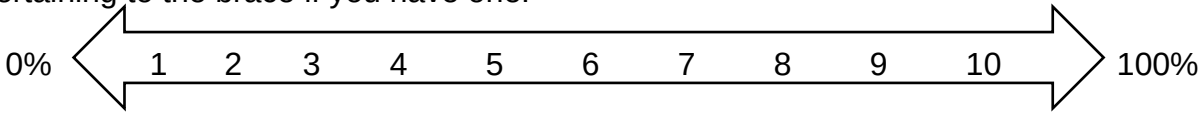
12. What is your TYPICAL or AVERAGE pain? Not pertaining to the brace if you have one



13. What is your pain level AT ITS BEST (How close to "0" does your pain get at its best)? Not pertaining to the brace if you have one.



14. What is your pain level AT ITS WORST (How close to "10" does your pain get at its worst)? Not pertaining to the brace if you have one.



15. Is there any additional information you feel necessary for the doctor to know?

_____
_____