



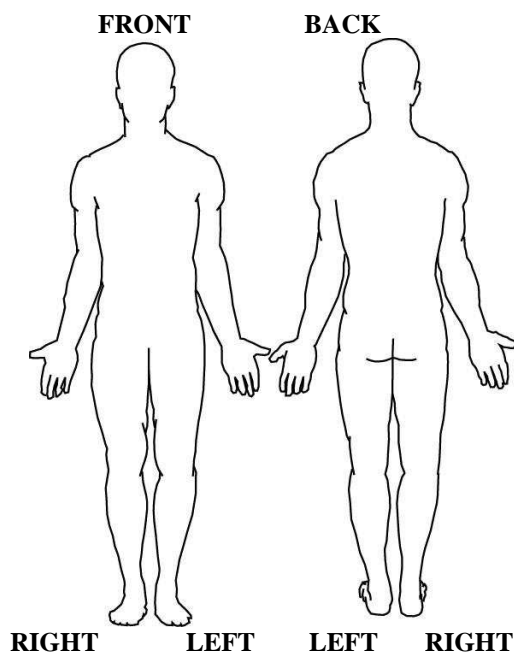
Bourree Chiropractic and Massage
 12841 NE 85th Street
 Kirkland, WA 98033

Patient Evaluation Chart & Questionnaire

NAME: _____ DATE: _____

Primary Onset (circle one): Traumatic Injury Chronic Issue Sports Injury
 Car Accident Work Injury

PLEASE INDICATE ON THE DIAGRAM WHERE YOUR MAJOR SYMPTOMS ARE:



Please mark body front and back with the appropriate letters from chart listed below.

- | | |
|----------------------------|-----------------------------------|
| CP – Constant Pain | P - Pain |
| S – Swelling | T - Tenderness |
| N – Numbness | Tg - Tingling |
| R – Redness | E - Effusion (Puffiness or Edema) |
| L – Limitation of Movement | W - Weakness |

How long have you had the symptoms? (Itemize different body areas if appropriate):



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Symptom List

NAME: _____ DATE: _____

Please List Concerns That Brought You In Today:

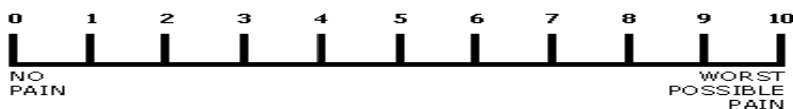
First - Primary Area of Complaint: _____

Mild: _____ Moderate: _____ Severe: _____

Constant: _____ Intermittent: _____ Aches: _____

Stabs: _____ Burns: _____ Other: _____

Rate your pain level for first area of complaint on this scale.



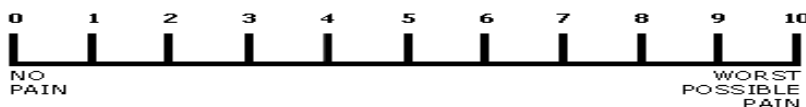
Second - Primary Area of Complaint: _____

Mild: _____ Moderate: _____ Severe: _____

Constant: _____ Intermittent: _____ Aches: _____

Stabs: _____ Burns: _____ Other: _____

Rate your pain level for second area of complaint on this scale.



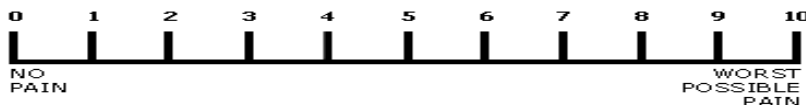
Third - Primary Area of Complaint: _____

Mild: _____ Moderate: _____ Severe: _____

Constant: _____ Intermittent: _____ Aches: _____

Stabs: _____ Burns: _____ Other: _____

Rate your pain level for third area of complaint on this scale.





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Additional Areas of Complaint

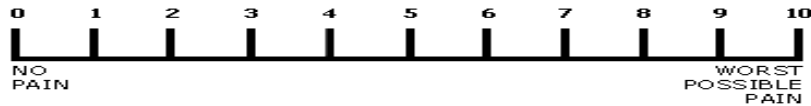
Primary Area of Complaint: _____

Mild: _____ Moderate: _____ Severe: _____

Constant: _____ Intermittent: _____ Aches: _____

Stabs: _____ Burns: _____ Other: _____

Rate your pain level for area of complaint on this scale.



Primary Area of Complaint: _____

Mild: _____ Moderate: _____ Severe: _____

Constant: _____ Intermittent: _____ Aches: _____

Stabs: _____ Burns: _____ Other: _____

Rate your pain level for area of complaint on this scale.



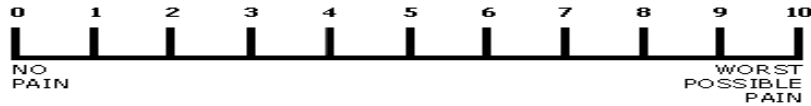
Primary Area of Complaint: _____

Mild: _____ Moderate: _____ Severe: _____

Constant: _____ Intermittent: _____ Aches: _____

Stabs: _____ Burns: _____ Other: _____

Rate your pain level for area of complaint on this scale.





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Activities of Daily Living Questionnaire

Work:

What type of work do you do? _____
How many hours per day are you able to work now? _____
Prior to Injury? _____
Days per week now? _____
Prior to Injury? _____
How is your work affected or lost by your injury? _____

Home/Family:

List the activities affected by your injury? _____

Sleep:

How many hours per night do you sleep now? _____
Prior to injury? _____
Do you feel rested now? _____
Prior to injury? _____
What affects your sleep? (E.g. pain, not able to go to sleep, not able to wake up etc.) _____

Social/Recreational:

Activities: _____

Prior to injury? _____

How are your current activities affected? _____

NAME: _____ **DATE:** _____

Signature: _____



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Revised Oswestry Low Back Pain Disability Questionnaire

PLEASE READ: This questionnaire is designed to enable use to understand how much you LOWER BACK pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

Section 1 – Pain Intensity

- A – The pain comes and goes and is very mild.
- B – The pain is mild and does not vary much.
- C – The pain comes and goes and is moderate.
- D – The pain is moderate and does not vary much.
- E – The pain comes and goes and is severe.
- F – The pain is severe and does not vary much.

Section 2 – Personal Care

- A – I would not have to change my way of washing or dressing in order to avoid pain
- B – I do not normally change my way of washing or dressing even though it causes some pain.
- C – Washing and dressing increases the pain, but I manage not to change my way of doing it.
- D – Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- E – Because of the pain, I am unable to do some washing and dressing without help.
- F – Because of the pain, I am unable to do any washing or dressing without help.

Section 3 – Lifting

- A – I can lift heavy weights without extra pain.
- B – I can lift heavy weights, but it causes extra pain.
- C – Pain prevents me from lifting heavy weights off the floor.
- D – Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently position, eg. on a chair or table.
- E – Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently position.
- F – I can only lift very light weights, at the most.

Section 4 – Walking

- A – Pain does not prevent me from walking any distance.
- B – Pain prevents me from walking more than one mile.
- C – Pain prevents me from walking more than ½ mile.
- D – Pain prevents me from walking more than ¼ mile.
- E – I can only walk while using a cane or on crutches.
- F – I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting

- A – I can sit in any chair as long as I like without pain.
- B – I can only sit in my favorite chair as long as I like.
- C – Pain prevents me from sitting more than one hour.
- D – Pain prevents me from sitting more than ½ hour.
- E – Pain prevents me from sitting more than 10 minutes.
- F – Pain prevents me from sitting at all.

Section 6 – Standing

- A – I can stand as long as I want without pain.
- B – I have some pain while standing, but it does not increase with time.
- C – I cannot stand for longer than one hour without increasing pain.
- D – I cannot stand for longer than ½ hour without increasing pain.
- E – I cannot stand for longer than 10 minutes without increasing pain.
- F – I avoid standing, because it increases the pain straight away.



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Section 7 – Sleeping

- A – I get no pain in bed.
- B – I get pain in bed, but it does not prevent me from sleeping well.
- C – Because of pain, my normal night's sleep is reduced by less than one-quarter.
- D – Because of pain, my normal night's sleep is reduced by less than one-half.
- E – Because of pain, my normal night's sleep is reduced by less than three-quarters.
- F – Pain prevents me from sleeping at all.

Section 8 – Social Life

- A – My social life is normal and gives me no pain.
- B – My social life is normal, but increases the degree of my pain.
- C – Pain has no significant effect on my social life apart from limiting my more energetic activities, eg. dancing, ect.
- D – Pain has restricted my social life and I do not go out very often.
- E – Pain has restricted my social life to my home.
- F – I have hardly any social life because of the pain.

Section 9 – Traveling

- A – I get not pain while traveling.
- B – I get some pain while traveling, but none of my usual forms of travel make it any worse.
- C – I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- D – I get extra pain while traveling which compels me to seek alternative forms of travel.
- E – Pain restricts all forms of travel.
- F – Pain prevents all forms of travel except that done lying down.

Section 10 – Changing Degree of Pain

- A – My pain is rapidly getting better.
- B – My pain fluctuates, but overall is definitely getting better.
- C – My pain seems to be getting better, but improvement is slow at present.
- D – My pain is neither getting better nor worse.
- E – My pain is gradually worsening.
- F – My pain is rapidly worsening.

Comments: _____

Name: _____ **Date:** _____ **Score:** _____



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Revised Oswestry Neck Pain Disability Questionnaire

PLEASE READ: This questionnaire is designed to enable use to understand how much you LOWER BACK pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

Section 1 – Pain Intensity

- A – The pain comes and goes and is very mild.
- B – The pain is mild and does not vary much.
- C – The pain comes and goes and is moderate.
- D – The pain is moderate and does not vary much.
- E – The pain comes and goes and is severe.
- F – The pain is severe and does not vary much.

Section 2 – Personal Care

- A – I would not have to change my way of washing or dressing in order to avoid pain
- B – I do not normally change my way of washing or dressing even though it causes some pain.
- C – Washing and dressing increases the pain, but I manage not to change my way of doing it.
- D – Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- E – Because of the pain, I am unable to do some washing and dressing without help.
- F – Because of the pain, I am unable to do any washing or dressing without help.

Section 3 – Lifting

- A – I can lift heavy weights without extra pain.
- B – I can lift heavy weights, but it causes extra pain.
- C – Pain prevents me from lifting heavy weights off the floor.
- D – Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently position, eg. on a chair or table.
- E – Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently position.
- F – I can only lift very light weights, at the most.

Section 4 – Walking

- A – Pain does not prevent me from walking any distance.
- B – Pain prevents me from walking more than one mile.
- C – Pain prevents me from walking more than ½ mile.
- D – Pain prevents me from walking more than ¼ mile.
- E – I can only walk while using a cane or on crutches.
- F – I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting

- A – I can sit in any chair as long as I like without pain.
- B – I can only sit in my favorite chair as long as I like.
- C – Pain prevents me from sitting more than one hour.
- D – Pain prevents me from sitting more than ½ hour.
- E – Pain prevents me from sitting more than 10 minutes.
- F – Pain prevents me from sitting at all.

Section 6 – Standing

- A – I can stand as long as I want without pain.
- B – I have some pain while standing, but it does not increase with time.
- C – I cannot stand for longer than one hour without increasing pain.
- D – I cannot stand for longer than ½ hour without increasing pain.
- E – I cannot stand for longer than 10 minutes without increasing pain.
- F – I avoid standing, because it increases the pain straight away.



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Section 7 – Sleeping

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- B – I get pain in bed, but it does not prevent me from sleeping well.
- C – Because of pain, my normal night's sleep is reduced by less than one-quarter.
- D – Because of pain, my normal night's sleep is reduced by less than one-half.
- E – Because of pain, my normal night's sleep is reduced by less than three-quarters.
- F – Pain prevents me from sleeping at all.

Section 8 – Social Life

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- C – Pain has no significant effect on my social life apart from limiting my more energetic activities, eg. dancing, ect.
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- E – Pain has restricted my social life to my home.
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- D – I get extra pain while traveling which compels me to seek alternative forms of travel.
- E – Pain restricts all forms of travel.
- F – Pain prevents all forms of travel except that done lying down.

Section 10 – Changing Degree of Pain

- A – My pain is rapidly getting better.
- B – My pain fluctuates, but overall is definitely getting better.
- C – My pain seems to be getting better, but improvement is slow at present.
- D – My pain is neither getting better nor worse.
- E – My pain is gradually worsening.
- F – My pain is rapidly worsening.

Comments: _____

Name: _____ **Date:** _____ **Score:** _____



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Patient Care Progress Report

Name: _____ **Date:** _____

Our goal is to offer the very highest quality patient care possible. Would you help us by responding to these questions about your progress?

Changes often happen quickly during Initial Intensive Care as your body begins the natural healing process. Many patients neglect to tell us about them. Here's a way you can help us help you.

Care

What changes have you noticed since beginning care?

Positive Changes: _____

Negative Changes: _____

On a scale of 1 to 10, rate YOUR level of Overall Improvement.
 No Change _____ Major Change

1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, rate the level of Improvement of your spine so far.
 No Change _____ Major Change

1 2 3 4 5 6 7 8 9 10

Would you say your Improvement is:
 _____: Progressing at the speed you expected
 _____: Taking longer than you expected
 _____: Occurring much faster than you expected

Do you think you could adequately describe the difference between Initial Intensive Care and Wellness Care? **YES NO**

Staff

How would you rate the concern shown by our staff?
 Uninterested _____ Deeply Concerned

1 2 3 4 5 6 7 8 9 10

How would you rate the training, qualifications and competency of our staff?
 Unorganized & Unprepared _____ Efficient & Knowledgeable

1 2 3 4 5 6 7 8 9 10



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Is there anyone who was been especially helpful? _____

In what ways would you change the staff, office, or procedures we use to improve the quality of care?

What do you like most about our office? _____

We strive to fully inform our patients about their care and explain chiropractic and their health. How would you describe our educational efforts?

- ____: Excellent, I've learned a lot
- ____: Helpful and Interesting
- ____: Still leaves some questions unanswered
- ____: Could be significantly improved
- ____: Waste of patients and staff time

Support

Children could avoid many health problems if they had Chiropractic care. Would you like the opportunity to bring in your children? _____

What kind of comments have you heard from your friends or family when you've told them about seeing a chiropractor? _____

What has been your greatest difficulty when explaining chiropractic and what we do to others? _____