

PATIENT PROGRESS SHEET

NAME: _____

DATE: _____ SIGNATURE: _____

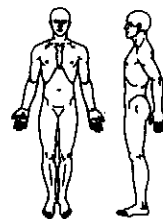
GOAL: Today's complaints
 Initial Exam Findings

What is better since last visit? _____

What bothers you the most today? _____

Which movement or position aggravates?

Flexion	—	Internal Rotation	—	Grip toes/fingers	—	Lying on back	—
Extension	—	External Rotation	—	Extend toes/fingers	—	Lying on side	—
Left Flexion	—	Adduction	—	Clenching teeth	—	Sitting	—
Right Flexion	—	Abduction	—	Open jaw	—	Driving	—
Right Rotation	—	Inhale/exhale	—	Right deviation (jaw)	—	Standing	—
Left Rotation	—	Pressure	—	Left deviation(jaw)	—	Walking	—



Have you had a new accident since the last visit: Yes or No. If yes,

What and when? _____

Were you satisfied with today's treatment? Yes or No. If no, why? _____

Did the doctor or staff do anything to offend you today? Yes or No. If yes,

How? _____

What is better after this treatment? _____

The doctor and staff performed each procedure to my satisfaction and understanding before they performed them, and obtained my permission to perform the procedure.

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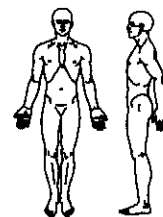
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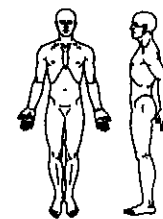
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