



Warren R. Barclay, DC

**BARCLAY CHIROPRACTIC**

Ryan J. Barclay, DC

5 Dracut Rd.  
Hudson, NH 03051

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following *three* questions regarding how you are feeling today.

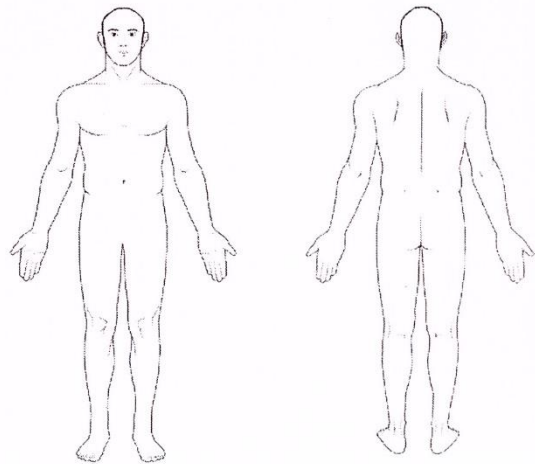
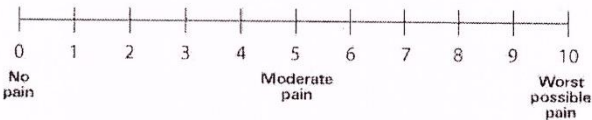
**1. How do you feel today?**

Mark X on the picture where you have pain or other symptoms

Current complaint:



Average pain level over the past week:



**2. Are you getting better?**

Please rate your improvement since starting care for this episode. \_\_\_\_\_ %

(Circle One)    No Improvement    Slight    Moderate    Greatly Improved

Have your abilities to perform your activities of daily living or work activities improved?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Is there anything new?**

Have you had any new complaints/conditions since starting care?  Yes  No

Have you had any re-injuries or events that have prolonged your recovery?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is complete and accurate to the best of my knowledge. I agree to notify this doctor immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Traditional Chiropractic with State of the Art Technology*

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