

Flare-Up Report

To help us deal more effectively with your recent increase in the severity of your symptoms, please complete the following form to the best of your knowledge. Please complete **(A)** thru **(E)** below. Thank you

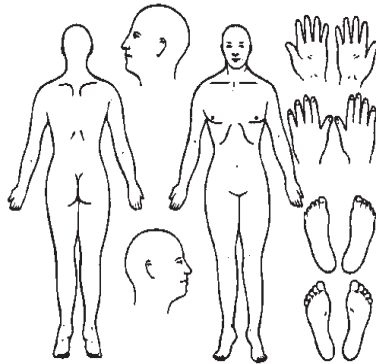
(A) Patient's Name: _____ Today's Date: _____

What is the problem? _____

When did it begin to get worse? _____

If known, please identify the cause or possible cause of the flare-up: _____

(B) Please map out where you have your symptoms using the image below:



Comments: _____

(C) Please respond to each item by circling the most appropriate response(s):

Pain Level: 0 1 2 3 4 5 6 7 8 9 10
 (current) (none) (moderate) (unbearable)

Pain Level: 0 1 2 3 4 5 6 7 8 9 10
 (maximum) (none) (moderate) (unbearable)

Symptoms are: sharp/stabbing/burning/dull /tingling/aching/
 other: _____

Frequency: constant (75 - 100%) / frequent (50 - 75%) /
 intermittent (25 - 49%) / occasional (< 25%)

Increased by: coughing/straining/sneezing/movement/
 other: _____

Decreased by: medication/rest /heat/cold/activity/stretching/
 exercise/nothing/other: _____

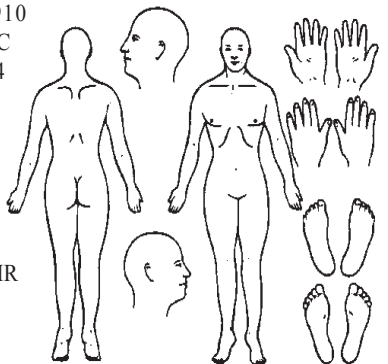
(D) What have you done to treat this flare-up? _____

What household, social, recreational, or work activities are now difficult or impossible to perform as a result of this flare-up? _____

(E) Signature of Patient _____

(Doctor's use only)

Pain: 12345678910
 Frequency: O I F C
 Tenderness: 1 2 3 4
 Spasm: 1 2 3 4 5
 Inflammation
 Weakness
 Trigger points
 N / T / B
 Posture
 Meds: PK / AI / MR
 ADL:
 ROM: Flexion:
 Extension:
 L. Lat. Bending:
 R. Lat. Bending:
 L. Rotation:
 R. Rotation:



Ortho: Compression testing:
 Distraction testing:
 Stretch testing:
 Mechanical testing:

Therapeutic Ex. TMI / Occiput
 Myofascial Release C 1 2 3 4 5 6 7
 Deep Tissue Massage T 1 2 3 4 5 6 7 8 9 10 11 12
 Ultrasound R 1 2 3 4 5 6 7 8 9 10 11 12
 Cold / Heat Pack L 1 2 3 4 5
 Flexion Distraction L-S
 Interseg. Traction SI
 Elect. Ther.: EMS/ Other _____
 Int. Supports / Lifts _____
 Diathermy Supplements _____
 Manipulation: Ex: C / LB / Ab / Sh /
 D / A / DP / Cox / Mob.

Neuro: Sensory:
 Motor:
 Reflexes:
 HNP warning.

Comments: _____

 Dx: _____

 Modifier: UC / Res. / A / SA / Ch / R
 Relief on exit: none / s / m / ex
 See ___ X wk / mon / PRN
 Dr.: _____

X-ray: _____
Key: N=numbness; T=Tingling; B=burning; MR=muscle relaxants; AI=anti-inflammatories; PK=painkiller; EMS=elect. muscle stim; Int=interferential; D=diversified; A=activator; DP=drop piece; C=cervical; LB=low back; Ab=abdominal; Sh=shoulder; NC=no change; Res=resolving; UC=unchanged; A=acute; SA=sub-acute; Ch=chronic; R=recurrent; s=slight; m=moderate; ex=excellent