PATIENT PROGRESS
Patient completes this form. Chiropractic
For questions, please call ASH at 800.972.4226

American Specialty Health (ASH)	•
P. O. Box 509001, San Diego, CA 9	92150-9001
California Only Fax: 877.427.4777	All Other States Fax: 877.304.2746
PLEASE PRINT LEGIRLY	

Patient Name	
Please complete the following three (3) questions regarding how you feel to	day.
1. How do you feel today?	MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS.
Current complaint:	C C
1	
0 1 2 3 4 5 6 7 8 9 10 No Pain Unbearable Pain	
2. Are you getting better?	
	ress since starting care
1 % (0% = No improvement	and 100% = Fully recovered)
2% (0% = No improvement	and 100% = Fully recovered)
In the past week, on average how often have your symptoms been present? (Occasional) $\square$ 0 – 25% $\square$ 26 – 50% $\square$ 51 – 75	,
In the past week, how much has your pain interfered with your daily activities (e.g.,	, work, social activities, or household chores?
0 1 2 3 4 5 6 7 8 9 10  No interference Unable to carry or	on any activities
In general would you say your overall health right now is:	
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor	
3. Is there anything new?	
Have you had any new complaints/conditions?	o 🗌 Yes
Have you had any re-injuries or events that have prolonged your recovery? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	o 🗌 Yes .
Explain	
I certify that the above information is complete and accurate to the best of doctor immediately whenever I have changes in my health condition or heal	of my knowledge. I agree to notify this the plan coverage in the future.
Patient Signature	Date