

PATIENT CLINICAL UPDATE FORM Office of Dr. Scott F. Gillman, 508-650-1091 NPI 1922109669

Today's Date: _____ Name: _____ Current Age: _____

Marital Status: M S W D Current PCP? _____ Occupation: _____

What do you currently do for exercise? _____ Are you a smoker? No Yes

Do you have a new/acute (recent) injury? No Yes Which?: Work Sports Automobile Other: _____

Since your last visit here, any major illness, injuries, surgery, or changes in your health? No Yes

Describe: _____

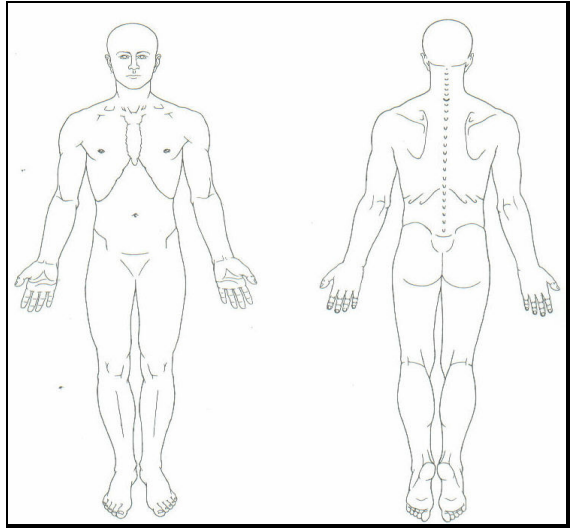
When did your current problem start?: _____ Describe pain, injuries, or issues that prompted your return: _____

On the human figure diagram below, mark or circle the areas where you have a problem.

- Grade pain from 0 (no pain) to 10 (unbearable pain) for each area: e.g. 0 1 2 3 4 5 6 7 8 9 10
- Please describe any characteristics, e.g. if your pain is **constant, comes and goes, throbs, burns, aches, sharp, etc.**

0 1 2 3 4 5 6 7 8 9 10

0 2 3 4 5 6 7 8 9 10



0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

What other healthcare providers have you seen for your current problem? e.g, PT, Orthopedist, PCP, Acupuncture, etc:

Have you had a recent MRI, CT scan, X-Rays? No Yes : When/Where? _____

What prescription and non-prescription medicines are you taking? Also, list any vitamins or herbs you take:

Patient Signature: _____ Date: _____

File # _____