



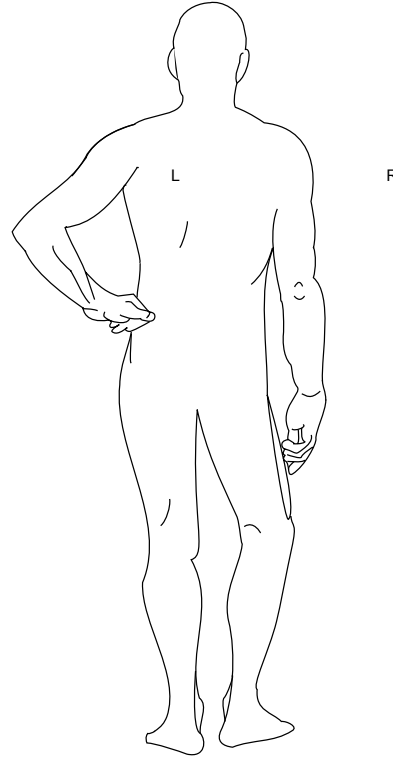
Practitioner/Clinic name: Marie Carmel, Wholistic Paradigm

Telephone #: (302) 660-1612

Health Status Update

Client Name: _____ Date: _____ Date of Birth: _____

Depict how you are feeling today by drawing a circle on the figures representing the size and shape of the following symptoms.



Rate how you are feeling today by drawing a circle around the number that best represents how you are doing today:

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

Able to do everything 0 1 2 3 4 5 6 7 8 9 10 Not able to do anything

Comments

Is there anything else I should know about how you are feeling today or about your progress or care to date?

Signature: _____

Date: _____

