

**Huskey Chiropractic**  
**Dr. Rick Huskey \* Dr. Chandler Huskey**  
3820 E. 51<sup>st</sup> St., Suite A  
Tulsa, OK 74135  
(918) 747-0939

**CHANGE OF CONDITION REPORT**

If you have experienced a sudden change in your physical condition we would like to know about it because we want your treatment to be the best possible for your present state. Your complete explanation of any discomfort you have felt, and any accidents or injuries you have had recently, even if you experienced no apparent reaction, will help us help you more. Please provide us with the information requested below.

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

New Complaint                       Old Complaint that is aggravated

Area of complaint: \_\_\_\_\_

Date of injury or aggravation: \_\_\_\_\_ Where did it happen: \_\_\_\_\_

What happened: \_\_\_\_\_

What makes it feel better?    Sitting    Standing    Walking    Inactivity

What makes it worse?

Bending    Sitting    Standing    Walking    Laying    Twisting    Activity

Describe the pain:

Sharp    Dull    Burning    Toothache type pain    Electric-like pain    Deep & Boring

Frequency of pain:    Constant    Intermittent    Occasional

How bad is the pain?   None   0   1   2   3   4   5   6   7   8   9   10   Severe

Does it feel better in the  A.M.    P.M.

How are your symptoms changing?    Getting Worse    Getting Better    Staying Same

Does this pain restrict you from any daily activities?    Yes    No   If yes, explain: \_\_\_\_\_

Do you experience numbness or radiating pain? \_\_\_\_\_

Have you received any other treatment for this condition?    Yes    No

If so when & where?: \_\_\_\_\_

Other comments: \_\_\_\_\_

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