



### Daily Intake Form

Please fill out the left side of this sheet for Dr. Pike.

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

**Regarding the Initial complaint you are being treated for:**

On a scale of 0-10 my pain level right now is a  
**(no pain) 0 1 2 3 4 5 6 7 8 9 10 (unbearable)**

**What Has Improved? (i.e. less pain, better movement):**

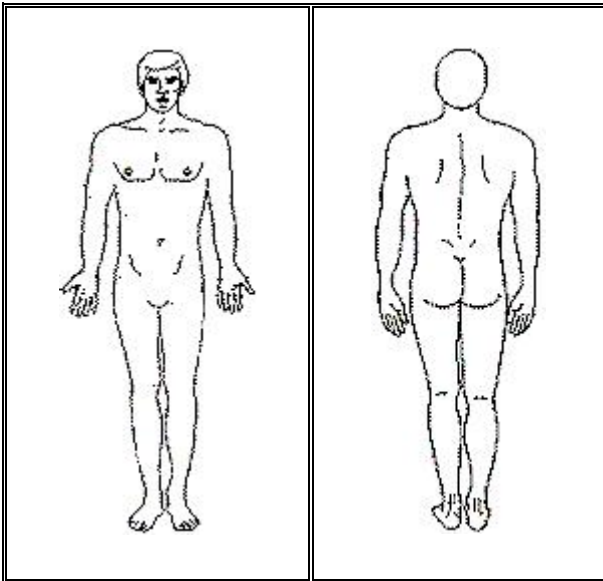
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there any new problems or concerns? (Injuries, illness or symptoms):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARK WHERE YOU HAVE PAIN OR ALTERED SENSATION TODAY**

**P**=Pain/Soreness    **T**=Tingling, Pins & Needles    **B**=Burning  
**N**=Numbness        **S**=Stiffness        **W**=Weakness



Doctors Signature: \_\_\_\_\_

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

*Office Use Only*

**S:** \_\_\_\_\_

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**O:** \_\_\_\_\_

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**A:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**TX: Therapies**

**Exam Est.**

- |                        |                |
|------------------------|----------------|
| 97010 Hot/Cold Packs   | 99211 Limited  |
| 97014 EMS Unattended   | 99212 Expanded |
| 97032 EMS Attended     | 99213 Detailed |
| 97530 Ther. Activities | 99214 Comp     |

**Cmt**

- 98940 1-2 Regions C T L S P
- 98941 3-4 Regions
- 98942 5 Regions
- 98943-59 Extra Spinal \_\_\_\_\_

**Misc:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_