

# Harbour Healthcare, Inc.

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## Update Form (to be completed PRIOR to seeing the doctor)

Patient Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you a Medicare patient? (Yes / No)

Did you have a car accident? (Yes / No)

Is this a *new injury* or *flare-up of an old injury*?

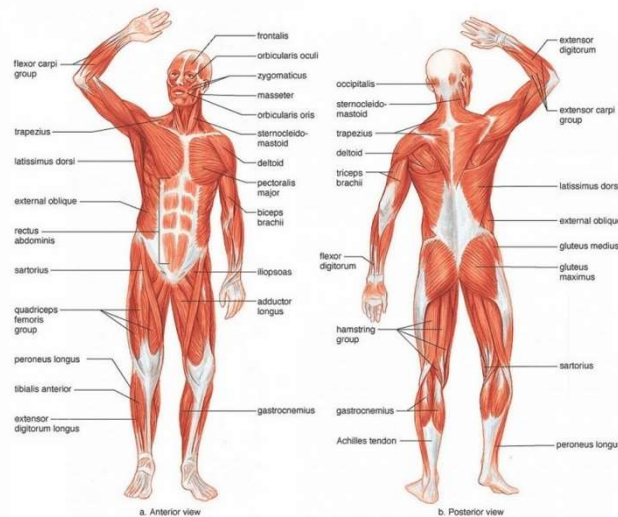
New Injury

Flare (exacerbation) of an old injury

What happened? \_\_\_\_\_

When (or approximately)? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_

Where? Mark all areas and describe



How would you characterize the quality? (sharp, dull, achy, burning, stabbing, etc.)

\_\_\_\_\_

On a scale of 1-10(mild-severe), how would you rate the problem-(average)?

1 2 3 4 5 6 7 8 9 10 in the \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 in the \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 in the \_\_\_\_\_

What has helped/hurt or made it better or worse: \_\_\_\_\_