



Spring Lake Chiropractic

EMPLOYMENT, ADL, RECREATION

1171 N. Bragg Blvd. Spring Lake, NC

910-436-5000

Patient Name _____ File # _____ Date _____

Initial Exam _____ Re-Activation _____ Re-Evaluation Exam _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Outcomes Assessment Tool Used _____

Description of Work _____

Condition Effect on Job Performance No Effect Mild (painful, can do) Mod (painful, limited ability) Mod/Sev (limited duty) Sev (no limited duty) Sev (can't do limited duty)

Daily Activites: Effects of Current Condition on Performance

Bending	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Care - Infirm Family	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Carrying Groceries	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Changing Position (sit/stand)	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Climb Stairs	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Driving	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Extended Computer Use	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Feeding	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Household Chores	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Kneeling	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Lifting Children	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Lifting	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Pet Care	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Reading (concentration)	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Self Care - Bathing	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Self Care - Dressing	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Self Care - Shaving	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Sexual Activities	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Sleep	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Static Sitting	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Static Standing	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Walking	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
Yard Work	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)

Recreation Activity: Effects of Current Condition on Performance

_____	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
_____	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)
_____	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild (painful, can do)	<input type="checkbox"/> Mod (painful, limited)	<input type="checkbox"/> Sev (unable to perform)

Attending Doctor's Signature _____ Date _____