

Patient Name: _____ Date: _____ Date of Birth: _____ Age: _____

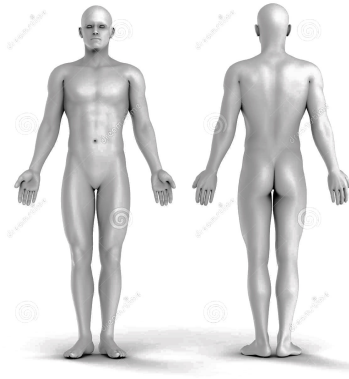
Occupation: _____ Employer: _____ Hrs/wk _____

What diagnosis bring you here today? _____

Side of Injury L R Date of Injury: _____ Who Referred you to Physical Therapy: _____

Briefly describe your symptoms: _____

Describe how your injury or condition started: _____



Shade or Circle the area of pain or discomfort on the figures to the Left

Please Circle your pain 0-10 (0 is no pain, 10 is the worst)

Pain at rest: 0 1 2 3 4 5 6 7 8 9 10

Pain with activity: 0 1 2 3 4 5 6 7 8 9 10

How often do you have pain? Constant Intermittent

Does your pain wake you at night? Yes No

Pain worsens in: AM PM Mid-day

What makes you symptoms better?

What makes you symptoms worse? _____

Are you symptoms getting? Better Worse Same Are you currently working? _____ Work restrictions? _____

What duties or activities or duties are you now unable to perform: _____

Have you had similar symptoms in the past? _____ If yes, how long ago? _____

Have you had the following diagnostic imaging for this condition? Xray MRI CT Other

Have you had any other treatment for this condition? Yes No If so, list treatments _____

Current level of physical activity High Medium Low Frequency of regular exercise _____

What are your goals for Physical Therapy? _____

Medical History (circle those that apply)

- | | | | | | |
|-------------------|-----------------|---------------|----------------------|------------------|---------------------|
| Angina/chest pain | Asthma | Arthritis | Dizziness | Blood clots | Bowel/bladder s/s |
| Carpel Tunnel | Surgery | Heart disease | Cancer | Depression | Fibromyalgia |
| Frequent falls | Hard of Hearing | Headaches | Numbness/Tingling | Nausea/vomiting | Osteoporosis |
| Pacemaker | Stroke | Smoking | Shortness of Breathe | Traumatic Injury | High Blood Pressure |

Do you Have a history of whiplash or lower back pain? Yes No

Current Medications _____

Current Allergies; _____ Latex? _____

Please list all previous surgeries/date: _____

Signature: _____ **Date** _____