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### Patient History Form

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **Physician:** \_\_\_\_\_

When did your problem first occur (date) \_\_\_\_\_ Date of Surgery \_\_\_\_\_

How did your problem first start? \_\_\_\_\_

Please describe your symptoms including intensity, location and frequency. \_\_\_\_\_

Is your pain worse in the morning, as the day progresses, or at the end of the day? \_\_\_\_\_

What increases your symptoms? \_\_\_\_\_

What decreases your symptoms? \_\_\_\_\_

Is your pain constant or intermittent? \_\_\_\_\_

**Pain Scale:** please mark on the line the best intensity of your pain right now

No pain -----Severe pain

If 0 is “no pain” and 10 is the worst imaginable pain, my pain currently is a \_\_\_\_\_

Have you had treatment for this problem before? \_\_\_\_\_ By whom? \_\_\_\_\_

Please check any of the following medical conditions that apply to you:

Allergies		Osteoporosis	
Cancer		Pacemaker	
Congestive Heart Failure		Pregnant	
Diabetes		Pulmonary conditions	
Heart Conditions		Rheumatoid Arthritis	
Hiatal Hernia		Seizures	
High Blood Pressure		Stroke (CVA)	
Osteoarthritis		Other	

Medications \_\_\_\_\_  
\_\_\_\_\_

Have you had x-rays, MRI, or other tests for your current problem \_\_\_\_\_?

My general health is (circle one) excellent/good/fair/poor.

Prior to injury, my activity level was good/fair/poor.

My current activity level is good/fair/poor

Occupation: \_\_\_\_\_

Are you currently working? \_\_\_\_\_ Last day worked: \_\_\_\_\_

Job activities/Requirements \_\_\_\_\_  
\_\_\_\_\_

Is light duty available: \_\_\_\_\_?

Hobbies: \_\_\_\_\_

What are you unable to do now that you want or need to be able to do? \_\_\_\_\_  
\_\_\_\_\_

What are your goals for therapy \_\_\_\_\_?

In what time frame would you like to see the above goals achieved? \_\_\_\_\_

\*\*Do you have any physical reason why you would not be able to negotiate our facility both indoors and out without direct supervision from a family member or employee? If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_