

Patient Name _____ **Today's Date** _____

This form contains a series of questions designed to help your Physical Therapist evaluate your condition, track how you feel, and determine how well you are able to do your usual activities. This information will help your therapist and referring physician give you the best possible care. Please answer every question as accurately and completely as you can.

Age _____ **Height** _____ **Weight** _____ **Occupation** _____

What is your chief complaint? (diagnosis, symptoms or condition) _____

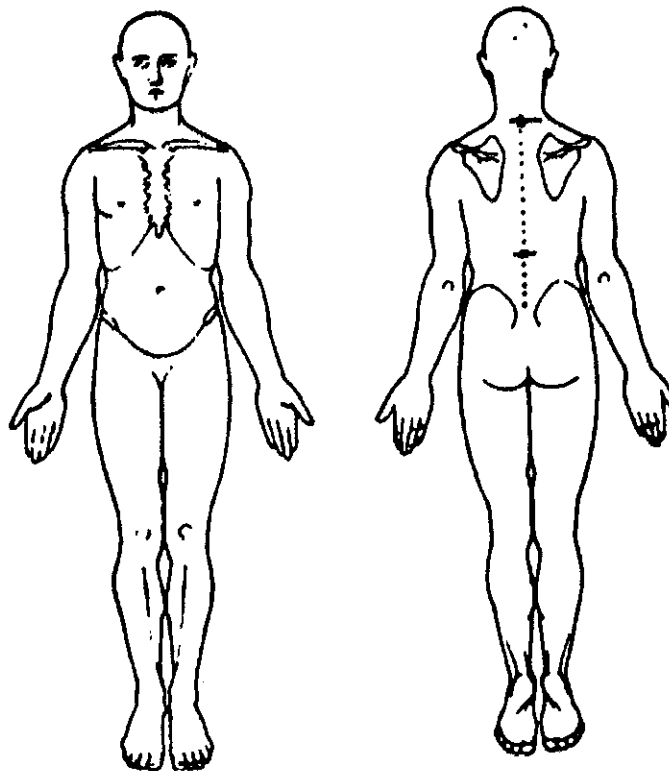
Draw your area of symptoms

Do you now have:

- ___ dizziness / fainting / seizures
- ___ night pain
- ___ numbness / weakness
- ___ shortness of breath
- ___ fever / chills
- ___ bowel/bladder control problems
- ___ numbness in the genital area
- ___ are you pregnant
- ___ poor circulation / bruising
- ___ artificial joints
- ___ unexplained muscle weakness

Have you ever had:

- ___ cancer (type: _____)
- ___ heart problems / pacemaker
- ___ high blood pressure
- ___ diabetes
- ___ rheumatoid arthritis
- ___ tuberculosis / hepatitis / HIV
- ___ osteoporosis
- ___ asthma
- ___ stroke
- ___ chest pain
- ___ fainting or dizziness



Does pain awaken you at night? ☐ No ☐ Yes Do you smoke? ☐ No ☐ Yes Unexplained weight loss? ☐ No ☐ Yes

What test have you had for this problems? ☐ x-ray ☐ MRI ☐ CT scan ☐ other _____

Have you ever had surgery for this problem? ☐ No ☐ Yes List other surgeries _____

Are you feeling a high level of stress or anxiety? ☐ No ☐ Yes Have you had difficulty with depression ☐ No ☐ Yes

List the medication you take _____

How would you rate your PAIN? (0 to 10: 0 = no pain, 10 = unbearable pain)

Right now _____ At Best _____ At Worst _____

What activities are the most troublesome for you? (circle any that apply)

- Sleeping, bed mobility, dressing, bathing, other _____
- Sitting, standing, walking, bending/lifting, housework, computer, reaching, other work _____
- Sports – running, jumping, change of direction, other _____

Is there a physical reason not mention here why you should not follow an activity/ exercise program?

If yes, please explain: _____