

Let's Get To Know You....

Name: _____ Date: _____

What are we seeing you for? _____

How long have you had the problem? _____

Are your symptoms getting (Circle one): Better Staying the same Worsening since the onset

Please rate your pain level today (Scale of 1-10) _____

What is the worse your pain has been in the last week? (Scale of 1-10) _____

Please circle what describes your symptoms when in these positions:

Sitting:	Better	Worse	Same	Standing:	Better	Worse	Same
Laying:	Better	Worse	Same	Walking:	Better	Worse	Same
Stairs:	Better	Worse	Same	Squatting:	Better	Worse	Same
Reaching:	Better	Worse	Same	Lifting:	Better	Worse	Same

Are you working? _____ Occupation: _____

Past physical therapy: Y N For what issues: _____

If you are having pain in the neck or back please answer the following:

Does the pain refer to the knee / elbow? Y N

Does the pain refer below the knee / elbow? Y N

Describe your pain by circling the following:

Ache Sharp Burning Numbness Tingling Dull Pressure

Night pain: Y N

Recent loss of weight: Y N

What are you currently doing to help your reduce your symptoms? _____