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1. Full Name:	16. It is: □improving □worsening □not changing
2. Date of Birth:	17. What makes it worse?
3. What do you prefer to be called? (preferred name)	□activity □resting □walking □running
	☐stairs ☐rising from chair ☐walking on uneven ground
4. How were you referred to us?	☐sitting for long time ☐driving
5. First name of others in the room with you today:	□ laying directly on it □ using arm outstretched & overhead
6. How is this person related? (ex: spouse, parent, friend)	□other
o. How is this person related: (ex. spouse, purent, friend)	18. What makes it somewhat better?
7. I am: □Right-handed, □Left-handed	\square rest \square loosening it up in morning \square shaking it out
□Both (explain):	□stretching □other
8. Normally (before any recent injury), I walk with:	19. I also experience:
□no assistive device	□numbness/tingling □swelling □stiffness
□cane in □right hand, □left hand	□weakness □leg giving out □loss of balance
□walker	□clicking/popping/snapping □motion becomes locked
9. What is your main issue today?	□pain at rest □pain that wakes me up at night
	20. I've tried these medications for the pain:
10. This issue:	
☐is related to an injury	□Celebrex (celecoxib) □Mobic (meloxicam) □Aspirin
□started out of the blue	□Oral steroids (e.g. Medrol Dosepak, prednisone)
☐may have been caused by something else (explain):	☐Tylenol (acetaminophen) ☐Neurontin (gabapentin)
11. If you were injured:	□Ultram (tramadol) □Vicodin/Norco (hydrocodone)
When did it happen? (exact date)	
Where were you?	☐Percocet (oxycodone) ☐other pain medications:
What were you doing?	21. I've also tried treatment with:
How did it happen?	□ice □heat □elevation □compression wrap
12. If this injury occurred <u>at work</u> (Worker's Comp):	☐muscle stretches/strengthening ☐yoga
Who is your employer?	□changing my activities □weight loss
How long have you worked there?	□shoe changes □bracing □cane □walker
What is your job title?	□physical therapy (for weeks) at
Main duties:	□injection(s):
Explain any prior work-related injuries:	□other:
	22. What testing has been done BEFORE today's visit?
13. How long ago did your pain or discomfort start?	
	Where was it done?
Where exactly do you feel it? (be specific)	23. Have you had surgery on this body area before?
How bad is it?	□No □Yes, (explain):
	Date (guess if not sure):
$(\mathfrak{G}_{\mathcal{S}})$ $(\mathfrak{G}_{\mathcal{S}})$ $(\mathfrak{G}_{\mathcal{S}})$ $(\mathfrak{G}_{\mathcal{S}})$ $(\mathfrak{G}_{\mathcal{S}})$ $(\mathfrak{G}_{\mathcal{S}})$	Hospital & Surgeon:
	24. Aside from this current issue, had you ever injured or had pain
0 1 2 3 4 5 6 7 8 9 10	this body area in the past?
0 1 2 3 4 5 6 7 8 9 10 14. It feels:	□No □Yes, (<i>explain</i>):
□ sharp (stabbing) □ dull (achy) □ throbbing	25. What are a few important activities in your life (simple every
□pulling (cramping) □tingling □burning	day, leisure, or sporting activities) that have become difficult or
15. I feel it:	impossible because of this issue?
□constantly □frequently □occasionally □rarely	
\square worse in the morning \square worse at night	

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