

1. **Full Name:** _____

2. **Date of Birth:** _____

3. **What do you prefer to be called? (preferred name)** _____

4. **How were you referred to us?** _____

5. **First name of others in the room with you today:** _____

6. **How is this person related? (ex: spouse, parent, friend)** _____

7. **I am:** ☐ Right-handed, ☐ Left-handed
☐ Both (explain): _____

8. **Normally (before any recent injury), I walk with:**
☐ no assistive device
☐ cane in ☐ right hand, ☐ left hand
☐ walker

9. **What is your main issue today?** _____

10. **This issue:**
☐ is related to an injury
☐ started out of the blue
☐ may have been caused by something else (explain): _____

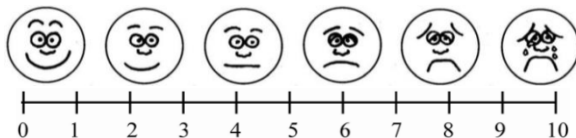
11. **If you were injured:**
When did it happen? (exact date) _____
Where were you? _____
What were you doing? _____
How did it happen? _____

12. **If this injury occurred at work (Worker's Comp):**
Who is your employer? _____
How long have you worked there? _____
What is your job title? _____
Main duties: _____
Explain any prior work-related injuries: _____

13. **How long ago did your pain or discomfort start?**
_____ ☐ weeks ☐ months ☐ years

Where exactly do you feel it? (be specific) _____

How bad is it?



14. **It feels:**
☐ sharp (stabbing) ☐ dull (achy) ☐ throbbing
☐ pulling (cramping) ☐ tingling ☐ burning

15. **I feel it:**
☐ constantly ☐ frequently ☐ occasionally ☐ rarely
☐ worse in the morning ☐ worse at night

16. **It is:** ☐ improving ☐ worsening ☐ not changing

17. **What makes it worse?**
☐ activity ☐ resting ☐ walking ☐ running
☐ stairs ☐ rising from chair ☐ walking on uneven ground
☐ sitting for long time ☐ driving
☐ laying directly on it ☐ using arm outstretched & overhead
☐ other _____

18. **What makes it somewhat better?**
☐ rest ☐ loosening it up in morning ☐ shaking it out
☐ stretching ☐ other _____

19. **I also experience:**
☐ numbness/tingling ☐ swelling ☐ stiffness
☐ weakness ☐ leg giving out ☐ loss of balance
☐ clicking/popping/snapping ☐ motion becomes locked
☐ pain at rest ☐ pain that wakes me up at night

20. **I've tried these medications for the pain:**
☐ Advil/Motrin (ibuprofen) ☐ Aleve/Naprosyn (naproxen)
☐ Celebrex (celecoxib) ☐ Mobic (meloxicam) ☐ Aspirin
☐ Oral steroids (e.g. Medrol Dosepak, prednisone)
☐ Tylenol (acetaminophen) ☐ Neurontin (gabapentin)
☐ Ultram (tramadol) ☐ Vicodin/Norco (hydrocodone)
☐ Percocet (oxycodone) ☐ other pain medications: _____

21. **I've also tried treatment with:**
☐ ice ☐ heat ☐ elevation ☐ compression wrap
☐ muscle stretches/strengthening ☐ yoga
☐ changing my activities ☐ weight loss
☐ shoe changes ☐ bracing ☐ cane ☐ walker
☐ physical therapy (for _____ weeks) at _____
☐ injection(s): _____
☐ other: _____

22. **What testing has been done BEFORE today's visit?**
Where was it done? _____

23. **Have you had surgery on this body area before?**
☐ No ☐ Yes, (explain): _____
Date (guess if not sure): _____
Hospital & Surgeon: _____

24. **Aside from this current issue, had you ever injured or had pain this body area in the past?**
☐ No ☐ Yes, (explain): _____

25. **What are a few important activities in your life (simple every day, leisure, or sporting activities) that have become difficult or impossible because of this issue?** _____

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Glendale, WI 53212
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📍 **Glendale Location #2:**
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Suite 100
Glendale, WI 53212
P: 414-332-6262
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(Historically Blount)

📍 **Cedarburg Location:**
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