

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: _____

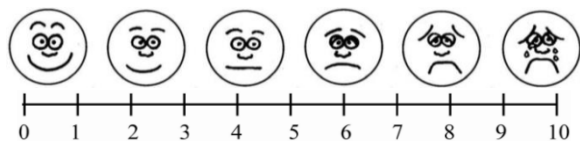
Explain any prior work-related injuries: _____

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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