

ROCKY MOUNTAIN PHYSICAL THERAPY & SPORTS INJURY CENTER INC.

Information Regarding Your Care

Date: _____

Name: _____ Occupation: _____

How did this accident/injury occur? _____

Was this accident/injury auto related? Yes No

Was this accident/injury work related? Yes No

Date of accident/injury: _____

Did you have surgery for this accident/injury? Yes No Date or surgery: _____

What aggravates your condition? _____

(Example: walking, standing, sitting, pushing, etc...)

What eases your condition? _____

(Example: rest, ice, heat)

What does this condition impair your ability to do? _____

(Example: dressing, housework, lifting)

Where is your primary pain? _____

Rate your level of pain (0 no pain / 10 highest pain)

At rest? 0 1 2 3 4 5 6 7 8 9 10

At a moderate level of activity? (example: housework) 0 1 2 3 4 5 6 7 8 9 10

At a higher level of activity? (example: exercise) 0 1 2 3 4 5 6 7 8 9 10

Briefly describe how your pain began _____

Does the pain spread? _____ If yes, where? _____

Describe any other areas of pain _____

At what time of day is your pain at its worse? _____

At what time of day do you have the least pain? _____

How do you feel upon rising in the morning: Stiff Sore Fine Other _____

Do you ever experience dizziness? _____ If yes, when? _____

Have you had any recent weight gain or loss? _____ If yes, how much? _____

What, if any, treatments you have had for this condition? _____

What are your primary activities? 1) _____ 2) _____ 3) _____

Do you have any medical problems? _____ If yes, what? _____

Is there anything else you think we should know? _____

Have you ever been diagnosed as having any of the following conditions?

Heart Problems Diabetes Tuberculosis High Blood Pressure

Multiple Sclerosis Stroke Asthma Arthritis

Kidney Disease Emphysema Depression Anemia

Thyroid Problems Hepatitis Epilepsy Cancer

Are you pregnant? _____

What are your goals for physical therapy?

1) _____ 2) _____ 3) _____

How did you hear about Rocky Mountain Physical Therapy & Sports Injury Center, Inc

Doctor Friend Previous Patient Newspaper Telephone Book Other