ROCKY MOUNTAIN PHYSICAL THERAPY & SPORTS INJURY CENTER INC.

At a moderate level of activity? (example: housework) At a higher level of activity? (example: housework) At a higher level of activity? (example: exercise) 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	nation Regarding Your Care			Date:
How did this accident/injury occur? Was this accident/injury auto related? Was this accident/injury work related? Date of accident/injury: Did you have surgery for this accident/injury? What aggravates yourcondition? (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? At a moderate level of activity? (example: housework) At a higher level of activity? (example: exercise) Does the pain spread? 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			_Оссира	tion:
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Did you have surgery for this accident/injury?	nis accident/injury work related?	□ Yes	□ No	
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Heart Problems				
Multiple Scierosis Stroke Asthma Arthritis	you ever been diagnosed as having any of the Problems Diabetes Tub	tollowing berculosis	conditio	ons? ☐ High Blood Pressure ☐
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- Therefore				
Are you pregnant?		I. A		One of the state o
What are your goals for physical therapy?				
1)		37		