

# Physical Medicine and Rehabilitation Department

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Therapy: \_\_\_\_\_

Date of injury/onset: \_\_\_\_\_ Date of surgery (if applicable): \_\_\_\_\_

Check those which apply to your injury/symptoms:

- |   |  |
|---|--|
| <input type="checkbox"/> Work related injury        | <input type="checkbox"/> Recurrence from previous injury |
| <input type="checkbox"/> Motor vehicle accident     | <input type="checkbox"/> Injury related to lifting       |
| <input type="checkbox"/> Athletic/recreation injury | <input type="checkbox"/> Unknown onset of symptoms       |
| <input type="checkbox"/> Sport: _____               | <input type="checkbox"/> Other, explain: _____           |

Rate the intensity of your pain (please circle):

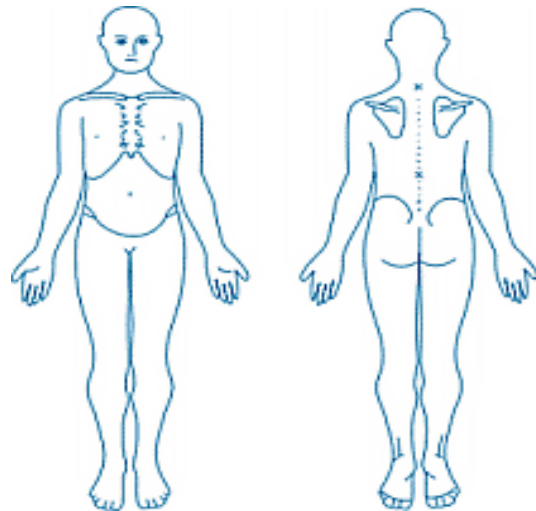
No Pain      0      1      2      3      4      5      6      7      8      9      10      Worst pain possible

Please list any medication and/or herbal products you are currently taking: \_\_\_\_\_

Do you have, or have you ever had any of the following: (please check)

- Allergies/Allergic reaction
- High Blood Pressure
- Arthritis:
- (Rheumatoid, psoriatic, osteoarthritis)
- Kidney Problems
- Asthma/Breathing difficulties
- Liver/Gallbladder problems
- Bowel/Bladder problems
- Cancer
- Metal implants
- Nausea/Vomiting
- Chest pain/Angina
- Osteoporosis
- Circulation disorder
- Pacemaker
- Diabetes
- Dizziness/Fainting
- Pregnant (currently) Previous C-Section
- Foot ulcers
- Ringling in ears
- Seizures
- Fractures
- HIV
- Skin abnormalities
- Smoking
- Headaches
- Stroke
- Surgeries (other than those listed)
- Tuberculosis
- Heart disease or heart attack
- Hernia
- Hepatitis
- Other: \_\_\_\_\_

Indicate where the symptoms are on the drawing below.



\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Therapist Signature and Date

If yes to any of the above, please explain briefly with approximate dates: \_\_\_\_\_

List any major illness in your family history \_\_\_\_\_