

5934 U.S. Hwy 6
 Portage Commons
 Portage, Indiana 46368
 Ph. (219) 762-7136
 Fax (219) 762-5148



OCCUPATION	ARE YOU PRESENTLY WORKING?
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1. What are your goals / expectations from Physical Therapy? _____

2. Were you injured? Yes No
 How? _____
 When? _____

3. Attorney? Yes No
 Attorney Name: _____
 Phone: _____

4. Were you hospitalized from this injury? Yes No
 Where? _____

5. Have you had this problem before? Yes No

6. Have you received Physical Therapy for this problem before? Yes No

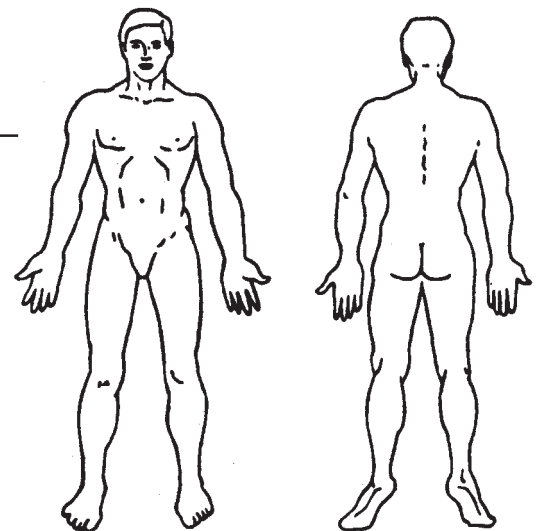
7. Do you have pain? Yes No

8. Please rate your pain: (circle one) NO PAIN 0 1 2 3 4 5 6 7 8 9 10 WORST POSSIBLE PAIN

9. Where is your pain located? (Color area on chart)

10. Do you have any other symptoms besides pain?
 Describe: _____

11. Do you have history of (Please check appropriate)
- | | |
|---|--|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Communicable disease |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Joint replacement |
| <input type="checkbox"/> Circulation problems | <input type="checkbox"/> Infections |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Breathing problems | <input type="checkbox"/> Are you pregnant |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |



12. Do you have a pacemaker? Yes No

13. Have you had a surgery? Yes No

What kind of surgery and when _____

14. What medications are you currently taking? _____

THANK YOU! YOUR PHYSICAL THERAPIST WILL BE WITH YOU SHORTLY