



## HISTORY OF PRESENT INJURY

Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Today's Date \_\_\_\_\_

R- handed \_\_\_ L-handed \_\_\_ Marital Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever been a patient here before? Y / N

If yes, for the same or different problem? Same \_\_\_ Different \_\_\_

**Please indicate for which body region you are seeking treatment: Please circle.**

Neck Mid Back Low Back Shoulder Elbow Hand/Wrist Hip Knee Ankle/Foot Other \_\_\_\_\_

**When did your symptoms start?** Date \_\_\_\_\_ Can you identify a cause for your symptoms? Y / N

If yes, specify: \_\_\_\_\_

Have you ever had similar symptoms in the past? Y / N If yes, when? \_\_\_\_\_

Was surgery performed? Y / N Date of surgery \_\_\_\_\_ Hospitalization: Y / N : From \_\_\_\_\_ To \_\_\_\_\_

What activities/positions make your pain worse? \_\_\_\_\_

What activities/positions make your pain better? \_\_\_\_\_

**Pain rating: Indicate your average level of pain and level of pain at its best and at its worst by circling the appropriate number on the scale below:**

**Painfree** 0    1    2    3    4    5    6    7    8    9    10 **Worst pain imaginable**

Describe the character of your pain? (What does it feel like...sharp, dull, achy, lancinating, etc.?)

Is the pain there all the time? Y / N Does the pain move or radiate anywhere? Y / N If yes, where? \_\_\_\_\_

Do you have numbness, tingling, or weakness? Y / N If yes, where? \_\_\_\_\_

Have you had any changes in your bowel, bladder or sexual function as a result of your symptoms? Y / N

Describe \_\_\_\_\_

Occupation: \_\_\_\_\_ Physical requirements of job: \_\_\_\_\_

**Have you recently had the following tests?** (within the last few years) YES / NO If yes, check all that apply:

- |              |       |                |       |                          |       |
|--------------|-------|----------------|-------|--------------------------|-------|
| a. x-rays    | _____ | e. EMG         | _____ | i. Stress test           | _____ |
| b. CT Scan   | _____ | f. Blood tests | _____ | j. Pulmonary funct. Test | _____ |
| c. MRI       | _____ | g. Myelogram   | _____ | k. Echocardiogram        | _____ |
| d. Bone Scan | _____ | h. EKG         | _____ | l. Other ( please list)  | _____ |

What other treatments have you had for this problem? \_\_\_\_\_

What are your PT goals? \_\_\_\_\_

## FUNCTIONAL STATUS

**Instructions: Please check the following activities that are painful or limited.**

### SELF CARE

- *Hygiene*
  - Grooming
  - Dressing, Grooming, Bathing, Toileting(circle)\_\_\_\_\_
  - Sleep, Disturbed Sleep, Positions (circle)\_\_\_\_\_
- *Activities of daily living*
  - Ability to Use Telephone
  - Shopping
  - Laundry
  - Mode of Transportation
- *Household Chores*
  - Cook a Meal
  - Laundry
  - Drive Community Distance
  - Caregiving
  - Comments:\_\_\_\_\_

### MOBILITY: WALKING & MOVING AROUND

- *Activities of daily living*
  - Shopping
  - Food Preparation
  - Housekeeping
  - Laundry
  - Mode of Transportation
- *Use of an Assistive Device*
- *Walking, Forward, Backward, Sideways* (circle) Time:\_\_\_\_\_
  - Walking on Different Surfaces/Terrain: describe:\_\_\_\_\_
  - Walking Around Obstacles
- *Moving Around*
  - Climbing Stairs ascending/descending
  - Running, Jogging, Skipping, Jumping(circle)\_\_\_\_\_
- *Moving in different locations*
  - Walking Down the Street
    - Walking Within a Building
    - Moving Around Using Equipment
- *Negotiate Obstacles*
  - Bumped in Crowded Streets
- *Comments:*\_\_\_\_\_

### CHANGING & MAINTAINING BODY POSITION

- *Maintaining a Body Position*
  - Standing Time:\_\_\_\_\_
  - Sitting Time:\_\_\_\_\_
  - Squatting Time:\_\_\_\_\_
  - Kneeling Time:\_\_\_\_\_
- *Transfers*
  - Moving From Bed to Chair
- *Activities of daily living*
  - Laundry
  - Get In/Out of car
- *Comments:*\_\_\_\_\_

### CARRYING, MOVING & HANDLING OBJECTS

- *Activities of daily living*
  - Ability to Use Telephone
  - Shopping
  - Food Preparation
  - Housekeeping
- *Hand & Arm Use*
  - Pulling Objects
  - Pushing Objects
  - Reaching Turning Hands or Arms
  - Twisting Hands or Arms
  - Throwing/Catching Fine Hand Coordination
- *Fine use of hands*
  - Picking Up/ Grasping /Manipulating Objects
- *Moving objects with lower extremities*
  - Kicking
- Pushing with Lower Extremities
- *Community Integration/Access/Work/Recreation*
  - Work\_\_\_\_\_
  - Sports\_\_\_\_\_
  - Exercise\_\_\_\_\_
  - Gardening\_\_\_\_\_
  - Other\_\_\_\_\_
- *Comments:*\_\_\_\_\_