

Destination Life Pre-Exam Form



Patient Name: _____ Age: _____

Occupation _____ Are you working now? yes ___ no ___

In order to evaluate your condition fully, please be as accurate as possible. Thank you.

1. Where is your pain/problem? _____
2. Is it a little, medium or a lot (generally)? _____
3. What caused your pain/or problem? _____
4. Approximately, when did it start? ___ / ___ /20___
5. Have you ever had this pain/problem before? Yes ___ No ___

Explain: _____

6. In your understanding, what do you think will make you better? _____
7. How optimistic are you that you'll get better? (circle one below)

Not at all.....Mildly optimistic.....Fairly.....Very optimistic.....Extremely

8. What are some potential obstacles to you getting better? _____
9. Over the next 30-days how many hours per week will you commit to getting better? _____
10. What are you expecting from your Therapy program? _____
11. On the scale below circle your worst pain level in the past couple of days:

Mild	Moderate	Severe
0 ... 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ... 8 ... 9 ... 10		

12. Are any of your normal everyday activities affected? yes ___ no ___

(If yes, describe how below) _____

13. List all past surgeries with dates:

14. List all medical conditions you have (or were told you have)?

I understand that my candidacy for a rehabilitation program will be dependent upon my ability and willingness to improve. I have answered the questions above honestly and accurately to the best of my ability. The doctor/therapist will determine whether or not I am a viable candidate for a rehabilitation program and that my approval into their program is not guaranteed.

Patient Signature (or guardian): _____ Date: _____