



2905 Tamiami Trail Punta Gorda, FL 33950

Phone:941-621-4354

Name: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Date of Injury/Surgery: _____ Age: _____

Please list all surgeries: _____

Have you previously had treatment for this condition? Y/N. If yes, how long? _____

For Medicare Patients ONLY: Are you currently receiving home care services? Y/N. _____

If yes, expected date of completion? _____

Do you have a home care discharge letter? Y/N. _____

What brings you to physical therapy? _____

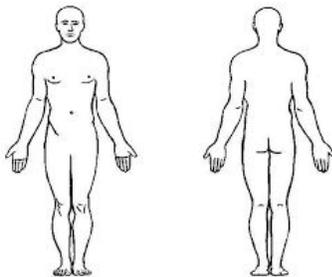
1. How long have you had this condition: __0-3months __3-6months __6-12months
__1-2years __2-5years __5-10years __>10years

2. Rate the level of pain on a scale of 1-10 (please circle a number):

1 2 3 4 5 6 7 8 9 10

Mild Moderate Extreme
Discomfort Pain Agony

3. Please indicate painful areas by shading the model below:



4. Which of these words describe your pain (check all that apply):

__ Sharp __ Numb __ Constant __ Aching __ Dull __ Burning __ Variable __ Tingling
__ Radiating __ Other (explain): _____

5. Are there any postitions or activites that make your pain worse? _____

Past medical history (if yes please specify):

Cancer Y/N _____ Heart Condition Y/N _____

Pacemaker Y/N _____ Osteoporosis Y/N _____

Blood Pressure Y/N _____ Diabetes Y/N _____

Seizures Y/N _____ Other Y/N _____

Recreational

Activies: _____