

Orthopedic, Manual and Sports Physical **Therapy**

SUBJECTIVE INFORMATION

Pain scale: 0 1 2 3 4 5 6 7 8 9 10 0 = no pain 10 = severe

1.	Please rate your pain level from 0 to 10. Current:Area of pain:	Best:	Worst:			
2.	How do you alleviate your symptoms?					
	List any movement or activity which aggravates your pain.					
3.	When did this injury start bothering you or date of injury? (Mo	ost RECENT)				
4.	Is your injury work related, motor vehicle accident, recreation	nal, other?				
5.	What was the SPECIFIC cause of injury or the series of even	ts leading up to yo	ur visit today			
6.	Describe how your symptoms change during day (i.e., better,	same, worse, stiff)				
	Morning Mid-day		Evening			
7.	Do you wake up during the night because of pain?	s If yes, how many	times?	□No		
8.	Occupation:					
9.	Do you exercise? If so, what do you do?					
	<u>lical History</u>					
10.	How is your general health? (please circle any) cancer, cardia rheumatoid arthritis, hepatitis, HIV, other				abetes, hypertension, de 	pression,
11.	Do you have any metal plates or screws?			□Yes	\square No	
12.	Are you pregnant?			□Yes	□No	
13.	Do your symptoms increase when you cough or sneeze?			□Yes	\square No	
14.	Any significant, unexplained weight loss over the past 2-3 mo	onths?		□Yes	\square No	
15.	Have you experienced any bowel or bladder problems?			□Yes	\square No	
	Have you had X-rays or an MRI? Circle all. Date: Do you experience any of the following?			□Yes	□No	
	Headaches			□Yes	\square No	
	Light-headedness			□Yes	\square No	
	Nausea			□Yes	\square No	
	Blurred vision			□Yes	\square No	
	Numbness or tingling anywhere			□Yes	\square No	
	Muscle cramping			□Yes	\square No	
18.	Have you ever taken steroids or anti-coagulants? Date:			□Yes	\square No	
19.	List any medications that you are currently taking:					
20.	Have you had prior surgeries or ANY other medical history?					
The	above answers are correct to the best of my knowled	lge.				
Prin	t name of patient or guardian					
Sim	eature of nationt or quardian		Date			