

**ROCKY MOUNTAIN PHYSICAL THERAPY & SPORTS INJURY CENTER INC.**

**Information Regarding Your Care**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did this accident/injury occur? \_\_\_\_\_

Was this accident/injury auto related?  Yes  No

Was this accident/injury work related?  Yes  No

Date of accident/injury: \_\_\_\_\_

Did you have surgery for this accident/injury?  Yes  No Date or surgery: \_\_\_\_\_

What aggravates your condition? \_\_\_\_\_  
(Example: walking, standing, sitting, pushing, etc...)

What eases your condition? \_\_\_\_\_  
(Example: rest, ice, heat)

What does this condition impair your ability to do? \_\_\_\_\_  
(Example: dressing, housework, lifting)

Where is your primary pain? \_\_\_\_\_

Rate your level of pain (0 no pain / 10 highest pain)

At rest? 0 1 2 3 4 5 6 7 8 9 10

At a moderate level of activity? (example: housework) 0 1 2 3 4 5 6 7 8 9 10

At a higher level of activity? (example: exercise) 0 1 2 3 4 5 6 7 8 9 10

Briefly describe how your pain began \_\_\_\_\_

Does the pain spread? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Describe any other areas of pain \_\_\_\_\_

At what time of day is your pain at its worse? \_\_\_\_\_

At what time of day do you have the least pain? \_\_\_\_\_

How do you feel upon rising in the morning: Stiff Sore Fine Other \_\_\_\_\_

Do you ever experience dizziness? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you had any recent weight gain or loss? \_\_\_\_\_ If yes, how much? \_\_\_\_\_

What, if any, treatments you have had for this condition? \_\_\_\_\_

What are your primary activities? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Do you have any medical problems? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Is there anything else you think we should know? \_\_\_\_\_

Have you ever been diagnosed as having any of the following conditions?

Heart Problems  Diabetes  Tuberculosis  High Blood Pressure

Multiple Sclerosis  Stroke  Asthma  Arthritis

Kidney Disease  Emphysema  Depression  Anemia

Thyroid Problems  Hepatitis  Epilepsy  Cancer

Are you pregnant? \_\_\_\_\_

What are your goals for physical therapy?

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

How did you hear about Rocky Mountain Physical Therapy & Sports Injury Center, Inc

Doctor  Friend  Previous Patient  Newspaper  Telephone Book  Other