

Lakewood Physical Therapy
Rehabilitation Screening/Confidential Medical History

Patient's Name: _____ **Age:** _____ **Date:** _____

Please complete the following questions to the best of your ability.
This will help us to develop a treatment with you that meet your individual needs.

1. Date of injury or when problem last caused you to seek medical attention: _____
2. How did your current problem begin? lifting___ twisting___ falling___ motor vehicle accident ___
unknown___ other: _____
3. Were you hospitalized for this problem? Yes No If yes, when: _____
4. Are you currently being seen by any of the following? Dentist___ Chiropractor___ Osteopath___
Physical therapist___ Occupational therapist___ Psychiatrist/Psychologist___
If you are seeing any of the above, please describe the reason: _____
5. **Medicare patients: have you had physical, occupational, or speech therapy any time in past year?**
 Yes No If you answered yes, where? _____
6. Are you presently working? Yes No Occupation: _____
If working, is it light/modified duty___ or regular duty___?
7. Are you right handed___ or left handed___?
8. Do you use a: cane walker none other: _____
9. What type of exercise are you currently doing? _____
10. Do you currently experience any of the following?
 Hypertension Diabetes Cardiac Problems/Pacemaker
 Orthopedic Problems Rheumatoid Arthritis GI problems
 Cancer Seizures Multiple Sclerosis
 Fibromyalgia Drug/Alcohol Dependency Depression
11. Have you ever had a broken bone or fracture? Yes No
If yes, which body part? _____
When: _____
12. Have you ever had surgery? Yes No
If yes, list the procedure and date below:

13. Do you smoke? Yes No If yes, number of packs/day: _____
14. Are you pregnant? Yes No
15. List any medication allergies: _____

16. List all prescription or over-the-counter medications you are currently taking **if you have not currently provided this information already:**

17. What are your goals for therapy? _____

18. Are you a previous patient? Yes No

If yes, what for: _____

19. Please rate your pain using a scale of zero to ten, with zero (0) as no pain, and ten (10) as the worst pain imaginable:

The best it has been ____/10
 The worst it has been ____/10
 Your pain today ____/10

20. Please check ALL of the activities that INCREASE your pain:

- | | | | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing | <input type="checkbox"/> Walking | <input type="checkbox"/> Running | <input type="checkbox"/> Lying | <input type="checkbox"/> Driving | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Stooping | <input type="checkbox"/> Reaching | <input type="checkbox"/> Lifting | <input type="checkbox"/> Squatting | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Inactive | |
| When? | AM | Mid-day | PM | Other | _____ | |

21. Please check ALL of the activities that DECREASE your pain:

- | | | | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing | <input type="checkbox"/> Walking | <input type="checkbox"/> Running | <input type="checkbox"/> Lying | <input type="checkbox"/> Driving | <input type="checkbox"/> Bending |
| <input type="checkbox"/> Stooping | <input type="checkbox"/> Reaching | <input type="checkbox"/> Lifting | <input type="checkbox"/> Squatting | <input type="checkbox"/> Kneeling | <input type="checkbox"/> Inactive | |
| When? | AM | Mid-day | PM | Other | _____ | |

22. Please indicate below where and of what type your pain/symptoms are (refer to key):

Key

↓ = shooting

■ = spasm

* = ache

\\\\ = numbness

0 = burning

