RAINIER FAMILY
physical therapy, ps

INTAKE FORM

Please take a few moments to complete this worksheet. This information will help us in providing your care.

Name_____ Primary MD_____ Referring MD_____

Age_____ Reason for coming to PT_____

Please indicate any medical history (cardiovascular, neurological, cancer, respiratory, FM, osteoporosis, etc_____

Current Employment Status

- ☐ Employed
  - ☐ Part time
  - ☐ Full Time
- ☐ Self-employed
- ☐ Retired
- ☐ Not working due to pain
  Date last worked_____
- ☐ Applied for disability
- ☐ Unemployed

Occupation_____

With whom do you live"

- ☐ Self
- ☐ Spouse
- ☐ Children
- ☐ Parents
- ☐ Friend (s)
- ☐ Other_____

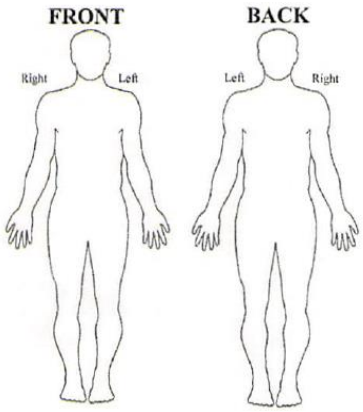
Previous Surgeries: Please list ALL (use back side if necessary)

_____

_____

TESTS	DATE	RESULT
MRI	_____	_____
CT Scan	_____	_____
X-rays	_____	_____
Bone Scan	_____	_____
Bone Density	_____	_____
Other	_____	_____

On the diagram, please indicate areas where you have pain:



Medications: Please list ALL medications (including over-the-counter)

_____

_____

_____

Please check the box if you currently have any of the following:

- ☐ Fever, weight loss, sweats
- ☐ Cough, sputum production, wheeze
- ☐ Shortness of breath
- ☐ Weakness of arms or legs
- ☐ Headaches – how often?_____
- ☐ Falls – how many in the past 6 months?_____
- ☐ Loss of Balance
- ☐ Dizziness, vision changes, light-headedness
- ☐ Swelling or rash
- ☐ Abdominal pain
- ☐ Change in bowel habits, nausea
- ☐ Chest pains, palpitations
- ☐ Easy bruising, bleeding, using blood thinners
- ☐ Change in bladder habits (frequency, pain)
- ☐ Pregnancy (or possibly pregnant)

What treatments have you tried for your problem?

☐ Exercise	☐ Massage	☐ Chiropractor
☐ Acupuncture	☐ Brace	☐ Physical Therapy
☐ Hot Pack	☐ Ice Pack	☐ Nerve Block
☐ Biofeedback	☐ TENS unit	☐ Traction
☐ Psychologist	☐ Psychiatrist	☐ Surgery
☐ Radiation	☐ Chemotherapy	☐ Ultrasound
☐ Compression Bandage	☐ Compression Garment	☐ Other_____

Please describe your pain (shooting, throbbing, cramping)

_____

_____

What makes the pain better?_____

_____

What makes the pain worse?_____

_____