



**Please list any injuries for which you have been treated in the last 5 years: (e.g. fractures, dislocation, sprains)**

\_\_\_\_\_ Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_  
\_\_\_\_\_ Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_

**Please rate the severity of the symptoms/pain you are currently experiencing:**

0 1 2 3 4 5 6 7 8 9 10  
(No pain) (Worst pain)

**Please name three activities that you have difficulty performing as a result of your current problem:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please list All medications and dosage you are currently taking:**

_____ Dosage _____	_____ Dosage _____
_____ Dosage _____	_____ Dosage _____
_____ Dosage _____	_____ Dosage _____
_____ Dosage _____	_____ Dosage _____
_____ Dosage _____	_____ Dosage _____
_____ Dosage _____	_____ Dosage _____

**Do you smoke?** \_\_\_\_ If so, how many packs of cigarettes do you smoke a day? \_\_\_\_\_

**How often do you drink alcohol?** Never Rarely Occasionally Frequently

**Do you exercise beyond normal daily activities and chores?** \_\_\_\_ If so, how often? \_\_\_\_ days per week

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There are inherent risks associated with physical therapy treatment because you will be asked to exert effort and perform activities with increasing degrees of difficulty, which could cause an increase in your current level of pain or discomfort or aggravate your existing injury. There is also a possibility that you could experience a new injury, but this risk is small. You will be able to stop a procedure if you feel a significant increase in pain or discomfort. You will never be forced to perform any procedure that you do not wish to perform.

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date