

Name: _____ Date: _____

Date of birth: _____ Age: _____

Why are you seeing the doctor? _____

Is the problem a result of: ___ work or industrial injury ___ motor vehicle accident ___ major fall
___ sports injury ___ other please describe: _____

How long has this problem existed? _____

Primary problem(s): (circle) Pain Stiffness Weakness Numbness Tingling
Other (please describe): _____

Severity of pain: (circle) (1 - little pain; 10 - severe pain)

0 1 2 3 4 5 6 7 8 9 10

Which of the following cause you pain?: (circle)

Activities of daily living: Eating Bathing Using the toilet Dressing
Getting up from chair Pain at night/sleeping Work activities

Other/please describe): _____

Circle any associated symptoms you may have:

History of cancer Unexplained weight loss Current infection Immunosuppression
Major motor weakness Numbness in the groin/buttocks Loss of bowel control
Loss of urinary control (retention, increased frequency, overflow incontinence) None

Circle any testing you have had performed: None Xrays MRI CT EMG/NCV

What have you done for this problem to date?

Has it helped?

Medicine: _____

Physical therapy: _____

Brace / Cane / Walker: _____

Injections (steroid shot): _____ How many? _____

Surgery: _____

Circle your present work status: Out of work Part-time Full-time Retired Disabled N/A

If employed, do you presently have work limitations? ___ Yes ___ No

If yes, how long have you been working with limitations? _____

Is this part of a worker's compensation claim? ___ Yes ___ No

Is there any litigation pending? ___ Yes ___ No

THIS PORTION WILL BE COMPLETED BY YOUR PHYSICIAN / PHYSICIAN ASSISTANT

INSPECTION:

ROM:

PALPATION:

STABILITY:

STRENGTH:

R

L

SENSATION:

Quad

Ankle

Great toe DF

PFs

PULSES:

R

L

DP

PT

REFLEXES:

R

L

SPECIAL TESTS:

R

L

Knee

Ankle

SLR

IMAGING:

XRAYS - BCOS vs. OSH

MRI

CT

US

IMPRESSION:

PLAN:

ADVISE AGAINST BEDREST

ADVISE TO MAINTAIN OR RESUME NORMAL ACTIVITIES

NSAIDs / OTHER MEDS

INJECTION

P.T.

MORE IMAGING

REFER FOR EPIDURALS

REFER FOR SURGERY