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17131

PT/OT Patient Intake Form (version 1.5)

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Last name		First name	

PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ●)

1. Why are you here today? If there are many reasons, please choose only the most important or most severe one.

○ Neck	○ Shoulder	○ Hip	○ Stroke rehabilitation	Other(also indicate region)
○ Upper/ mid-back	○ Elbow	○ Knee	○ Spinal cord rehabilitation	○ Post-surgical
○ Lower back	○ Wrist	○ Ankle	○ Neurologic rehabilitation	○ Fracture
	○ Hand	○ Foot	○ Balance/coordination	○ Other

2. When did this problem first begin?

○ Less than 1 month ago ○ 1-3 months ago ○ 4-6 months ago ○ 7-12 months ago ○ More than 1 year ago

Has this problem...	No	Yes
3. ... resulted from a work injury (i.e. workers' compensation insurance claim)?	○	○
4. ... resulted from a motor vehicle accident (i.e. no fault insurance claim)?	○	○
5. ... recently been evaluated by a medical doctor?	○	○
Since this problem began, have you noticed...	**No**	**Yes**
6. ... so much weakness in both your arms that you are unable to lift them?	○	○
7. ... so much weakness in both your legs that you are unable to walk without help?	○	○
8. ... difficulty controlling your bowel or bladder, or have you been unable to urinate?	○	○
9. ... pain in your chest, shortness of breath, or coughing up blood?	○	○
10. ... that one leg felt more warm, more swollen, more red, or more tender than the other?	○	○
Have you recently...	**No**	**Yes**
11. ... had blurred vision, double vision, dizziness, or fainting?	○	○
12. ... had any type of infection, fever, or chills?	○	○
13. ... had any type of surgery, surgical procedure, or medical procedure?	○	○
14. ... lost a lot of weight without really trying to (i.e without being on a diet)?	○	○
15. ... had any type of accident, fall, or trauma?	○	○
Have you ever...	**No**	**Yes**
16. ... been diagnosed with cancer?	○	○
17. ... been diagnosed with osteoporosis (i.e. weak, soft, or brittle bones)?	○	○
18. ... been diagnosed with a weakened immune system?	○	○
19. ... used any injected drugs (i.e. non-prescription drugs)?	○	○
20. ... used steroids such as prednisone for more than 4 weeks?	○	○
Is this problem something that ...	**No**	**Yes**
21. ... you've had before?	○	○
22. ... generally gets worse (i.e more severe or frequent) with movement, activity, or exercise?	○	○
23. ... generally gets better (i.e. less severe or frequent) with rest?	○	○
24. ... was recently examined with diagnostic imaging tests such as x-rays, MRI scan, or CT scan?	○	○
25. ... is also being treated by a health professional other than a physical or occupational therapist?	○	○

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WE STRONGLY RECOMMEND THAT YOU PRINT THIS FORM PRIOR TO SUBMISSION IN THE EVENT OF A SUBMISISON ERROR.