

SW PHYSICAL THERAPY

503-597-1151
SWPHYSICALTHERAPY.COM
11910 SW GREENBURG RD.
TIGARD, OR 97223

Name _____ Today's Date _____

Hand Dominance: Right/ Left Occupation _____ Are you currently off work because of this problem? Yes No Light Duty

When did your problems begin? _____

How did problems begin? _____

Rate your pain: No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain

Draw your pain:

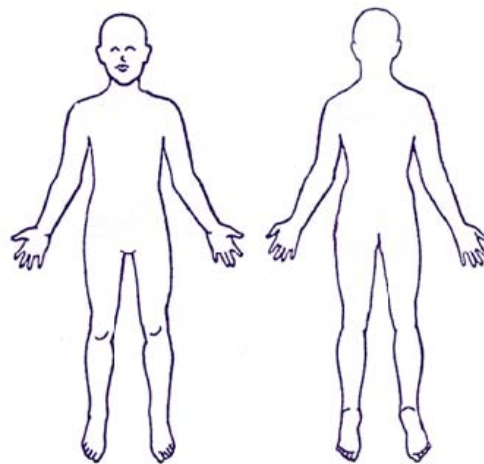
Describe your pain: Dull Ache
 Sharp Stabbing Pins & Needles
 Shooting Pain Burning Throbbing
 Twinge Numbness/ Tingling
 Other _____

Is your pain constant? Yes No

Intermittent? Yes No

Fluctuates with activity? Yes No

Wakes you up at night? Yes No



Have you had any previous treatment for your current condition? Yes No

If yes, please describe: _____

Any medical problems? Yes No

If yes, please explain: _____

Please list ALL medications you are currently taking, prescription and over-the-counter, for this and any other conditions: _____

Have you ever had a history of any of the following? Major injury to the head/ spine
 Cancer/ Tumors Osteoporosis Dizziness/ Blackouts Heart problems/ Angina
 Diabetes Pacemaker Sudden weight loss/ gain Severe pain at night
 Smoking Bruising easily Asthma Frequent falls Loss of bowel/ bladder control
 Numbness Seizures/ Epilepsy High blood pressure Coordination loss

Thank you for taking the time to fill this form out as completely as possible! It will save us on treatment time during your first visit and will help in assessing your condition and guiding your treatment plan.