Name:_____

Date:_____

Rice Lake Physical Therapy & Rehab Specialists

Rice Lake • Turtle Lake • Clear Lake • Spooner • Hayward

Please check the following conditions as they apply to you:

- ☐ Allergies
- ☐ Anemia
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ Cardiac Conditions
- ☐ Cardiac Pacemaker
- ☐ Chemical Dependency
- ☐ Circulation Problems
- ☐ Currently Pregnant
- ☐ Depression
- ☐ Diabetes
- ☐ Dizzy Spells
- ☐ Emphysema/Bronchitis
- ☐ Fractures
- ☐ Gallbladder Problems
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ Incontinence
- ☐ Kidney Problems
- ☐ Metal Implants
- ☐ Multiple Sclerosis
- ☐ Osteoporosis
- ☐ Parkinsons
- ☐ Rheumatoid Arthritis
- ☐ Seizures
- ☐ Speech Problems
- ☐ Strokes
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Vision Problems

1. **Are you currently taking any medications?** **Y / N**

If yes, please list dosage and reason for taking: _____

_____

2. **Have you had any past surgical procedures?** **Y / N**

*If yes, please list and include month and year:*_____

_____

3. **Are you currently pregnant?** **Y / N** **Or have you been in the last year?** **Y / N**

4. **Do you smoke?** **Y / N** **Do you drink alcohol?** **Y / N**

5. **Have you received physical therapy previously?** **Y / N**

6. **Is this work related?** **Y / N** **Is this related to an auto accident?** **Y / N**

7. **Please describe your injury and location of pain:**_____

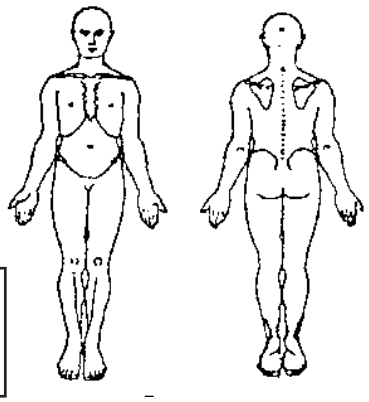
_____

8. **How and when did it start?:**_____

_____

9. **Does your current problem interfere with any of the following?:**

- ☐ **Reading**
- ☐ **Combing your hair**
- ☐ **Bending over**
- ☐ **Climbing Stairs**
- ☐ **Sleeping**
- ☐ **Walking**
- ☐ **Lifting a gallon of milk**
- ☐ **Standing**
- ☐ **Driving**
- ☐ **Putting on shoes**
- ☐ **Reaching overhead**
- ☐ **Writing a letter**
- ☐ **Sitting**
- ☐ **Dressing**
- ☐ _____



Please circle your level of pain:

0 1 2 3 4 5 6 7 8 9 10

0 Being NO pain ***10 go to emergency room***