

CONDITION AND HISTORY

Client Name: _____ Date of Birth: _____

Your Condition or Injury: _____ Date of Onset: _____

Describe your current concerns: _____

PAIN: On a scale of 0-10, circle the number that best describes the intensity of your pain right now.

0 = No Pain 10 = worst pain you can imagine.

0 1 2 3 4 5 6 7 8 9 10

Referring Physician: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Specialists: _____ Phone: _____

Specialists: _____ Phone: _____

Prior Hospitalizations/Surgeries: _____

Medications: _____

Allergies: _____

Equipment / Vendor: _____

Circle any past or current medical conditions you may have

- | | | |
|----------------------------|--------------------------|----------------------|
| Bladder surgery | Constipation | Diarrhea |
| “Falling out” feeling | Hemorrhoids | Hormone replacement |
| Hysterectomy | Irritable Bowel Syndrome | Laparoscopic surgery |
| Menstrual pain | Pelvic pain | Scar pain |
| Urinary leakage | Using vaginal cream | Varicose veins |
| Other (please list): _____ | | |

NOTE: If you are currently pregnant or think you might be, please inform your therapist.

Circle all the words that apply to how you feel these days:

happy	calm	unmotivated	stressed	overwhelmed	tired
afraid	lonely	frustrated	energetic	lethargic	content
optimistic	overworked	weak	flabby	strong	unrested
other: _____					

I prefer to learn by (circle those that apply):

Listening (discussion, audio cd's)	Seeing (reading, videos, slides)
Doing (demonstration, practicing skill)	Don't know

What are your goals for physical therapy? (circle those that apply)

Lessen pain increase muscle/tone improve bladder control other: _____

Describe your level of exercise: _____

Have you, or are you, receiving therapy services previously? If so, where, from whom and how long?

In an effort to provide the most effective therapy services, please list what are the areas of function that you would like to see change over the course of therapy. In other words, let's assume that therapy is over and you are deciding whether treatment was successful. What are the improvements that would make you say "Yes, that was worth the time, money and effort I put into it?"

Is there anything you feel we should know that we have not asked? If yes, please explain:

