Pre-Exam Questionnaire - GENERAL

In order to evaluate your condition fully, please be as accurate as possible. Thank you.

1a) What is your age? b) What is your gender? r Male r Female

2a) What is your occupation? b) Are you currently working? r Yes r No

3. Where is your pain or problem? r Neck r Lower back r Middle back r Other:
(check all that apply) r Elbow r Elbow r Shoulder/upper arm
r Hip r Knee r Foot/ankle

3a) Is it deep or on the surface? r Deep r On the surface

3b) Does it move or stay in one place?

4a) When did this problem first begin? _____/_____/20_____ (approximate date)

b) How did it start?

5. Have you ever had this pain or problem before? r Yes r No
a) If yes, did you receive any therapy at that time? r Yes r No

6. Are any of your usual everyday activities affected? r Yes r No
If yes, describe how.

7. List the dates and results of any. r X-rays:
r MRI's:
r Injections:

8. Are you taking any medications for this pain/problem? r Yes r No
If yes, what and does is help?

9. My pain/problem is slowly getting r worse r better r staying the same

10. My pain bothers me r constantly r most of the time r only occasionally r once in awhile

11. On a scale from 1 to 10, what is the worst your pain has been in the past several days? _____/10

Mild discomfort *Moderate* *Unbearable, Severe*
1----------5----------10

12. Do you have any regular numbness or tingling? r Yes r No Where?

13. What seems to make your pain worse?
13a) When it does get worse, how long does it take before calming back down? _____

14. List all medical conditions you have (or were told you have).

_____ _____ ___/___/20___
Patient Name Signature Today's Date