Name:_____

Date:_____

Hayward & Spooner Physical Therapy & Rehab Specialists

www.restoringhumanperformance.com

Please check the following conditions as they apply to you:

- ☐ Allergies
- ☐ Anemia
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Autoimmune Disorder
- ☐ Cancer
- ☐ Cardiac Conditions
- ☐ Cardiac Pacemaker
- ☐ Chemical Dependency
- ☐ Circulation Problems
- ☐ Currently Pregnant
- ☐ Depression
- ☐ Diabetes
- ☐ Dizzy Spells
- ☐ Emphysema/Bronchitis
- ☐ Fractures
- ☐ Fibromyalgia
- ☐ Gallbladder Problems
- ☐ Headaches
- ☐ Hearing Impairment
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Incontinence
- ☐ Kidney Problems
- ☐ Metal Implants
- ☐ MRSA
- ☐ Multiple Sclerosis
- ☐ Muscular Disease
- ☐ Osteoporosis
- ☐ Parkinsons
- ☐ Rheumatoid Arthritis
- ☐ Seizures
- ☐ Smoking
- ☐ Strokes
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Vision Problems
- ☐ Other_____

1. Are you currently taking any medications? Y / N If **yes**: Is list attached Y/N OR please list below:

Medication_____Dosage_____Reason for taking:_____

Medication_____Dosage_____Reason for taking:_____

Medication_____Dosage_____Reason for taking _____

2. Height_____**Weight**_____

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

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

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

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

6. Have you received physical therapy previously? Y / N

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

8. Please describe your injury and location of pain:_____

9. How and when did it start?_____ _____

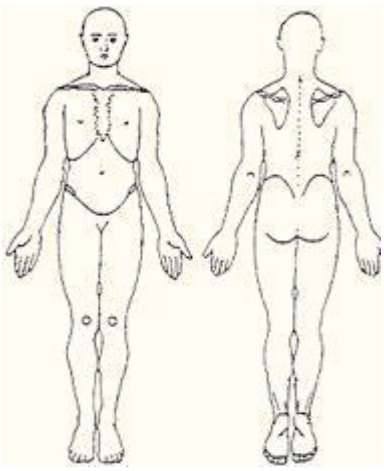
10. Does your current problem interfere with any of the following:

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

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**



Please mark area of pain