

## PHYSICAL MEDICINE & REHABILITATION

## SPINE & MSK PATIENT INTAKE FORM

Today's Date	Nan	ne	Date of Birth
Occupation			Hand Dominance: ☐ Left ☐ Right ☐ Ambidextrous
Who referred you? ☐ Do	ctor (name)		□ Therapist (name) □ Self □ Attorney
Reason for your visit (ple	ase be specific)		
Please indicate on the diagram below where you are experiencing Pain=1, Numbness =0, Tingling =X  Your Right Side Shoulder Your Right Side		Your Right	, numbness, and/or tingling. Use the following symbol on the diagram:  Quality of Pain:   Burning   Shooting  Other  Timing?  Constant  Comes and Goes
	Your		Does it wake you at night? ☐ Yes ☐ No
	Left Side	Upper   Back	What makes your symptoms worse? (check all that apply)
© Company of the comp	Elbow Forearm Wrist Hand Knee	ow arm Lower Back Lower Back ee	□ Standing       □ Walking       □ Lifting       □ Reaching       □ Twisting       □ Exercise         □ Lying Flat       □ Bending       □ Stairs       □ Squatting       □ Kneeling       □ Sitting         □ Coughing       □ Sneezing       □ Stress         □ Other       □         What makes your symptoms better?       □ Rest       □ Ice       □ Heat       □ Medications         □ Other       □         Since your problem started, is it getting:       □ Better       □ Worse       □ Unchanged
Please indicate the highe	est and lowest l	evels of pain:	
	0 🗆 1	□2 □3 □4	□5 □6 □7 □8 □9 □10
No Pain 🗧		→ Mod	derate Pain     Severe Pain
What tests have you had Where? ☐ PCI ☐ Me	? □ X-rays [ rcy □ St. Luk	□ MRI □ ICT □ Nerve Test ( e's □ RCI	□ Injections □ Cane/walker/wheelchair  EMG)  n's name and where is was performed: