CHANDLER
Physical Therapy & Sports Rehab

Date _____ Age _____

Name _____

Occupation _____

Please be as thorough as possible when answering these questions, as this will allow your therapist to better help you.

What are your current symptoms and/or chief complaint? _____

When did your symptoms begin? _____

Was there a specific injury? If so, please explain. _____

What specific activities **aggravate** your symptoms? _____

What specific positions or activities **decrease** your symptoms? _____

What activities are difficult because of your condition? _____

Are your symptoms getting worse, better, or about the same? _____

Have you ever been treated for these symptoms before? _____

If so, how were they treated? _____

Have you had an X-RAY, MRI, CTSCAN, or other test for this condition? (Please circle) _____

If so, what were the results? _____

Please list any surgeries with approximate dates. _____

Please list any relevant past medical history. _____

Do you have any precautions or restrictions? _____

What is your personal goal for physical therapy? _____

Have you had any falls in the past 12 months? YES/NO If so, how many? _____ Were you injured? YES/NO

Do you have an allergy to Latex? YES NO (please circle)

List any current medications. _____

_____

Please rate your pain in the past 48 hours on a scale of 0-10. (10 being emergency room pain) Best:____ / 10
Worst: ____ / 10

Medical History: Please circle any conditions that apply. (Current or Past)

Heart Disease	Cancer	Ulcers	Dementia
Lung Disease	Diabetes	Osteoporosis	Pacemaker
Kidney Disease	Stroke	Multiple Sclerosis	Pregnancy
Skin Disease	Fibromyalgia	High Blood Pressure	Tuberculosis
Rheumatoid Arthritis	Neuropathy	Depression	AIDS
Osteoarthritis	Blood Clots	Vision/Hearing	Recent Falls
Asthma/Allergies	STDs	Hepatitis	

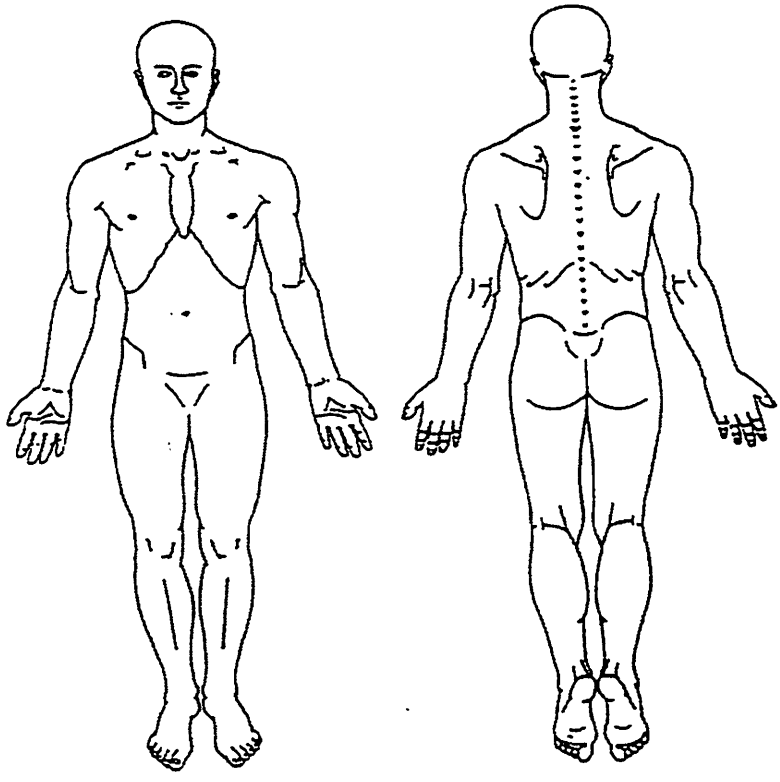
Other: _____

Please continue on second page.

Currently I am Experiencing: (Please circle)

Headaches	Numbness/Tingling	Dizziness
Increased Pain at Night	Difficulty Sleeping	

Please mark the areas with an X where you have pain, numbness, or tingling.



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