



Print and complete then fax to us or bring with you

1807 N. Stevens Street Tacoma, WA 98406
Phone (253) 396-9001 Fax (253) 396-1231

Date of Evaluation

Patient Name Birth Date Occupation

Date of Injury / Surgery Referred by

Reason for Visit When symptoms began

How Injury/Problem Occurred How Often Do You Have This Pain?

- Type of pain: Sharp, Throbbing, Aching, Tingling, Stiffness, Dull, Numbness, Burning, Cramps, Swelling, Other

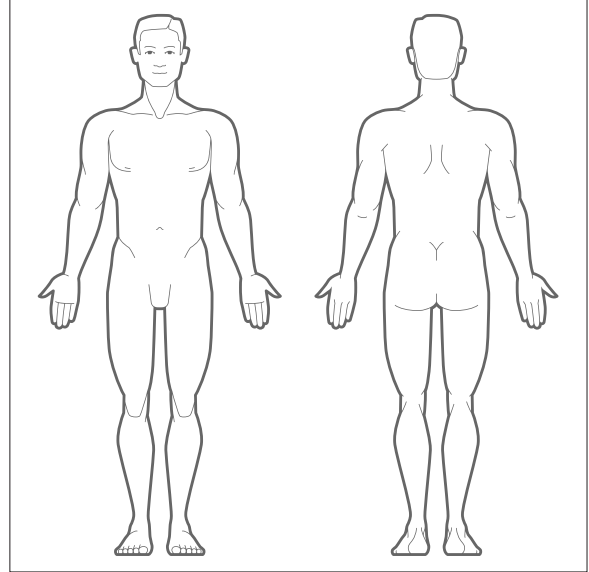
Is it Constant? or Does it Come and Go?

Does it Interfere with Your... Work, Sleep, Daily Routine, Recreation

Activities That Are Painful to Perform Sitting, Standing, Walking, Overhead Reaching, Lying Down, Stairs, Driving, Bending, House/Yard Work

Rate your pain 1 (least pain) to 10 (severe pain)
1 2 3 4 5 6 7 8 9 10
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Mark numbers on the figure where you feel pain
1 Sharp 2 Achy 3 Stiff 4 Stabbing



What Make Symptoms Worse?

What Makes Symptoms Better?

Diagnostic Imaging (MRI, X-Ray, CAT, NCV)

List All Surgeries:

Prior Hospitalizations:

Current Medications:

Indicate if you currently have or previously had any of the following conditions:

- Cancer, Depression, Thyroid Problems, Angina Pectoris, Psychiatric Care, Cochlear Implants, Fractures, Arthritis, Migrain Headaches, Frequent Falls, Tumors, growths, Dizziness, Prosthesis, Stroke, Gout, Parkinson's/Brain Stimulator, Ringing in ears, Osteoporosis, Glaucoma, Asthma, Sudden Weight Change, High Cholesterol, Epilepsy, Multiple Sclerosis, Polio, Metal Implants, Kidney Disease, Osteopenia, Herniated Disc, Ulcers, Are you Pregnant, Heart Disease, Alcoholism, Mononucleosis, AIDS/HIV, Trying to get Pregnant, Pinched Nerve, Shortness of Breath, Bleeding Disorders, Anemia, Diabetes (type), Pacemaker, Other

PT NOTES (office use only)