

Physical Therapy Initial Evaluation Pre-Exam Questionnaire

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

1. What is your age? _____
2. What is your gender? Male Female
3. What is your occupation? _____
- Are you working now? Yes No
4. Have you had physical therapy before? Yes No
5. Where is your pain/problem? _____
6. What caused your pain/or problem? _____
7. Approximately when did it start? ____/____/20____
8. Is it getting worse, better, or staying the same? _____
9. Have you ever had this pain/problem before? Yes No

10. Is your pain constant (never goes away)? Yes No
11. On the scale below circle your worst pain level in the past couple of days:

<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
0 . . . 1 . . . 2 . . . 3 . . . 4 . . . 5 . . . 6 . . . 7 . . . 8 . . . 9 . . . 10		
12. Are you taking any medication for this problem? Yes No
- If yes, what and does it help?
13. Are any of your usual everyday activities affected? Yes No
- If yes, describe how.

14. List all past surgeries with dates:

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

Patient Name: _____

Date: _____

Signature: _____

Referring MD: _____

	(+) Postive Findings	(-) Negative Findings								
Muscle/Tendon	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Muscle</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>/5</td> </tr> <tr> <td>_____</td> <td>/5</td> </tr> <tr> <td>_____</td> <td>/5</td> </tr> </tbody> </table>	Muscle	Grade	_____	/5	_____	/5	_____	/5	
Muscle	Grade									
_____	/5									
_____	/5									
_____	/5									
Capsule/Lig										
Joint Surface										
Nerve/Other										

Formal Specific Assessment

Primary Structure & Fault _____

Underlying Dysfunction(s) _____

Problem(s)/Impairment Caused _____

Baseline Measurements:

AROM _____
(joint)

Circle involved side. If painful w/motion indicate by **mi** Id, **mo** d, **sev** ere.

	R	L
Ext		
Flex		
SB/hor abd		
Rot/hor add		
Abd/ev		
Add/inv		
ER		
IR		

Comments on Quality of Mvt

	R	L
Grip:		
Pinch		
Girth:		
__ above		
Center __		
__ below		
Other:		