

Patient's Name:

Occupation:

Are you working now?

Where is your pain/problem?

What caused your pain/problem?

Approximately when did it start?

List ONE ACTIVITY you are unable to do, that you absolutely want to be able to do again:

Have you ever had this same (or similar) pain/problem before?

In your understanding, what do you think will make it better?

How optimistic are you that you'll get better?

What are some potential obstacles to you getting better?

What are your goals for therapy?

On a scale of 1 to 10, What was your worst pain/symptoms level in the past couple of days:

List any medications you are taking:

List all past surgeries with dates:

List all medical conditions you have (or were told you have):

What is your Height and weight?

Acknowledgement:

I agree & understand that my candidacy for a rehabilitation program will be dependent upon my ability and willingness to improve. I have answered the questions above honestly and accurately to the best of my ability. The doctor/therapist will determine whether or not I am a viable candidate for a rehabilitation program and that my approval into their program is not guaranteed.

Patient Signature (or Guardian):