



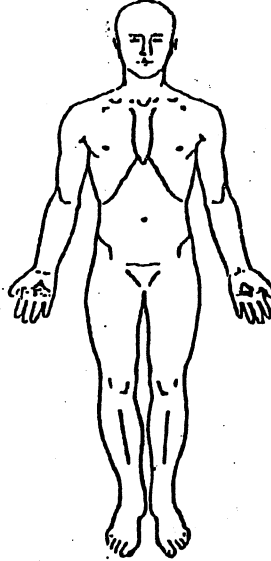
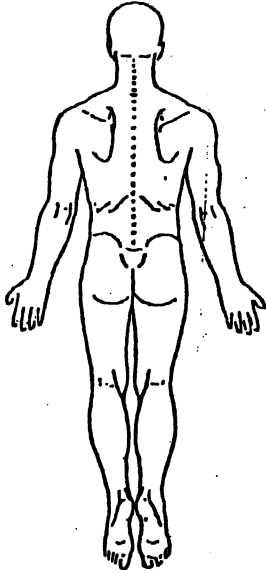
Patient Name: _____

Help Us Help You!

Why are you here for therapy?

When did the problem start?

If you are having pain, place an "x" on the body in the area you are having pain.



Check all that apply:

PAIN IS:

- Constant
- Intermittent
- Interrupts Sleep
- Worse in AM/PM
- Better after Sleep

PAIN INCREASED BY:

- Walking more than ___ min.
- Standing more than ___ min.
- Sitting more than ___ min.
- Reaching
- Lifting/Holding objects
- Other _____

PAIN IS DECREASED BY:

- Walking
- Sitting
- Standing
- Rest
- Exercise
- Other _____

Pain is **worse / better / unchanged** in the past _____ **days / weeks / months**.

Have you had therapy or other treatment for the above problem in the past? YES NO If "YES" please explain:

Have you had related tests: ___ X-Ray ___ CT Scan ___ MRI ___ EMG ___ Other:

Do you wear any splints or braces? Yes: _____ No: _____

List any medical problems not mentioned above:

List Past Surgeries:

Please list all medications you take. If you cannot remember the name, please list the reason for taking.

Medication	Reason for Taking	Medication	Reason for Taking

Do you have any metal or other implants in your body? (pins, plates, screws, IUD, etc.) ___ Yes ___ No
If so where?

Do you live alone? ___ Yes ___ No

Would you describe yourself as experiencing unusual stress related to you illness or injury?
___ No ___ Mild ___ Moderate ___ Severe

Are you able to care for your own needs:

Self-Care ___ Yes ___ No ___ Mostly ___ N/A	Driving ___ Yes ___ No ___ Mostly ___ N/A
Shopping ___ Yes ___ No ___ Mostly ___ N/A	Food Prep ___ Yes ___ No ___ Mostly ___ N/A
Housekeeping ___ Yes ___ No ___ Mostly ___ N/A	

Employment: ___ Full-Time ___ Part-Time ___ Student ___ Retired ___ N/A

Work Status: ___ Off Work ___ Work with Restrictions ___ Work without Restrictions

Work Duties: _____

Please Note: *Thunder Bay Therapy & Sports Medicine has a State of Michigan Licensed Social Worker on staff to ensure that psychological and emotional needs of our patients are met. If you are interested in speaking with our Social Worker, please talk with your therapist about the nature of your concerns, and a meeting with the Social Worker will be scheduled.*

Patient / Patient Representative Signature

Date