

Pre-Exam Form

Patient Name: _____ Age: _____

Occupation: _____ Employer (if applicable) _____

I agree to give honest and accurate answers: Yes No

1	What is wrong? What are you unable to do?	
2	What caused your problem (or think is causing it)?	Date: _____
3	In your understanding, what do you think will make you better?	
4	What are some potential obstacles to you getting better?	
5	How optimistic are you that you'll get better?	(circle one) Not at all.....Mildly optimistic.....Fairly.....Very optimistic.....Extremely
6	Over the next month how many hours per week will you commit to getting better?	
7	What are you expecting from your physical therapy program?	

List all past surgeries with dates:

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

I 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 activation into their system is not guaranteed.

Signed _____ Date _____