Pre-Exam Form

Patient Name:_____ Age:_____

Occupation_____ Are you working now? Yes No

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

1. Where is your pain/problem? _____
2. What caused your pain/or problem? _____
3. Approximately when did it start? ____/____/20_____
4. Have you ever had this pain/problem before? Yes No
5. In your understanding, what do you think will make you better? _____
6. How optimistic are you that you'll get better? (circle one)
   Not at all……Mildly optimistic……Fairly……Very optimistic……..Extremely
7. What are some potential obstacles to you getting better? _____
   _____
8. Over the next month how many hours per week will you commit to getting better? _____
9. What are you expecting from your physical Therapy program? _____
   _____
10. On the scale below circle your worst pain level in the past couple of days:
    Mild *Moderate* *Severe*
    0 . . . 1 . . . 2 . . . 3 . . . 4 . . . 5 . . . 6 . . . 7 . . . 8 . . . 9 . . . 10
11. Are any of your everyday activities affected? Yes No
    - If yes, describe how.
12. List all past surgeries with dates:
13. 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.

Signature:_____ Date: _____