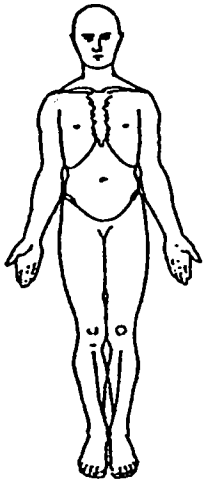
Welcome to *Wilsonville Physical Therapy.* To provide appropriate and effective care, we need the following information on your health and reason(s) for seeking treatment.

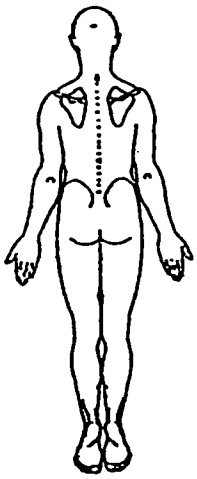
Please describe in detail the problem(s) you are seeking treatment for:_____

_____

_____

Please indicate on the picture where your problem is located:





// = pain

^ = numbness/tingling

* = stiffness

x = weakness

• = spasms

S = swelling

How and when did this begin?_____

Is it getting better, getting worse or staying the same?_____

What previous tests or treatment have you received for this condition? (please circle)

MRI, X-ray, Physical Therapy, Chiropractic, Other:_____

Does the intensity vary? Y / N Does it change with time of day? Y/ N Stress? Y / N

Is this problem continuous or intermittent?

Which activities / positions worsen this problem?_____

_____

What improves this problem?_____

What is the range of intensity of the discomfort or pain from this problem?

(none) 0 1 2 3 4 5 6 7 8 9 10 (incapacitating)

Indicate how much your daily activity is limited by this problem:

(none) 0 1 2 3 4 5 6 7 8 9 10 (completely restricted)

Describe how you are limited by this problem:_____

_____

Describe your typical daily activities, and exercises if any:_____

_____

Describe your activities at work:_____

What do you want to achieve in physical therapy?_____