

Initial Intake Form

Name _____ Age _____ Date _____

Date of Birth _____ Referring Physician _____ Family Doctor _____

What is your main problem? _____

When did it start? _____ Is this a pre-existing condition? Yes No

How long has this problem been present? Number of: _____ Days _____ Weeks _____ Months _____ Years

How did this problem begin? (Circle all that apply) Suddenly Gradually Accident Sports injury Work injury Fall

What makes it worse? _____

What makes it better? _____

Mark on the diagram where you are having the following symptoms:

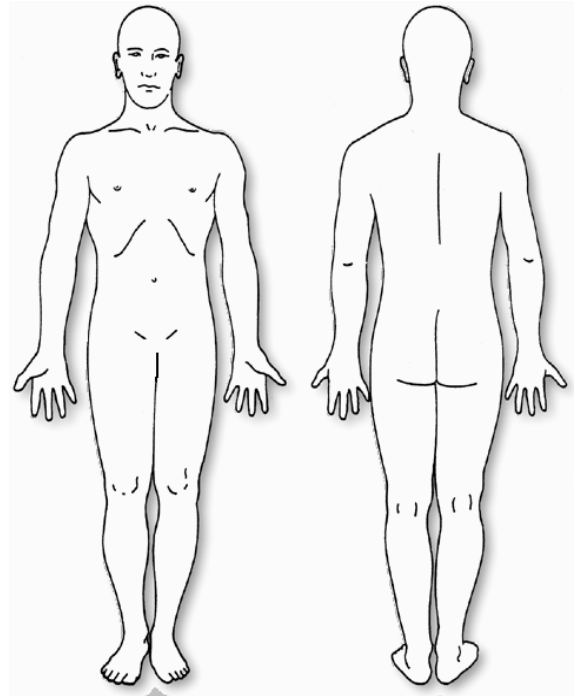
Pain: XXX

Numbness: OOO

Aching: ////

What treatments have you done?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Heat | <input type="checkbox"/> Ice |
| <input type="checkbox"/> Home Exercises | <input type="checkbox"/> Tens Unit | <input type="checkbox"/> Chiropractic |
| <input type="checkbox"/> Trigger Point injections | <input type="checkbox"/> Braces | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Joint Injections | <input type="checkbox"/> Facet injections | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Epidural Injections | <input type="checkbox"/> Pain Medications | <input type="checkbox"/> Nerve Test |
| <input type="checkbox"/> Anti-Inflammatory Medications | | |



Pain Scale: 0 1 2 3 4 5 6 7 8 9 10
(No pain) (Worst pain)

Review of Systems: Please check if you have recently experienced the following

CONSTITUTIONAL

- Weight loss-last 6 months
- Fever
- Chills
- Night sweats

GASTROINTESTINAL

- Vomiting/Nausea
- Diarrhea
- Heartburn
- Constipation
- Abdominal pain

GENITO-URINARY

- Bladder Problems

RESPIRATORY

- Shortness of Breath
- Cough

SKIN

- Skin wounds or ulcers

FEMALE

- Possibly pregnant

CARDIOVASCULAR

- Chest pain
- Palpitations
- Shortness of breath w/walking

NERVOUS

- Sleep disturbance
- Numbness

HEMATOLOGY

- Taking blood thinning meds

MUSCULOSKELETAL

- Joint pain
- Joint swelling

Signature: _____ Date: _____