

Specializing in what moves you.

Hip Wrist Elbow Knee Shoulder Left Right Br When did this injury/problem begin? (Date: Please try to be as specific as possible.)/_ Please describe how you were injured or what type of problems you are having now. Describe your level of pain: None	_			Date:				Name:
Ankle Finger Hand Toe Back Foot Hip Wrist Elbow Knee Shoulder When did this injury/problem begin? (Date: Please try to be as specific as possible.)/_/ Please describe how you were injured or what type of problems you are having now. Describe your level of pain: None Severe Describe your frequency of pain: None Severe					_ Weight:		Height:	Age:
Hip Wrist Elbow Knee Shoulder Left Right Boundary When did this injury/problem begin? (Date: Please try to be as specific as possible.)/_/ Please describe how you were injured or what type of problems you are having now. Describe your level of pain: None		ţ 	r			xtremity:	CLE affected e	PLEASE CIR
When did this injury/problem begin? (Date: Please try to be as specific as possible.)// Please describe how you were injured or what type of problems you are having now. Describe your level of pain: None	İ	PLEASE CIRCL	Foot	Back	Toe	Hand	Finger	Ankle
Please describe how you were injured or what type of problems you are having now. Describe your level of pain: None	Both	Left Right Bo		Shoulder	Knee	Elbow	Wrist	Hip
Describe your level of pain: None O 1 2 3 4 5 6 7 8 9 10 Describe your frequency of pain: None O 1 2 3 4 5 6 7 8 9 10 Severe O 1 2 3 4 5 6 7 8 9 10 Any previous problems or Injuries	/	le.)//_	as possibl	to be as specific	Date: Please tr	olem begin? (D	his injury/prob	When did t
Describe your frequency of pain: None		now.	e having n	problems you ar	or what type o	were injured o	cribe how you v	Please des
Describe your frequency of pain: None								
Describe your frequency of pain: None	<u></u>							·
Any previous problems or Injuries		vere	1 1	4 5 6 7 8		n: No	our level of pair	Describe yo
Is this a WORK injury?		/ere		4 5 6 7 8	1 1	of pain: No	our frequency c	Describe yo
Is this a SPORTS injury?						-	_	
What is your level of play? (Please circle one) Junior High High School College Professional Recreational Was this an ACCIDENT?		□ No	?□ Yes □	's Comp involved	ls Worke	□ Yes □No	ORK injury?	Is this a W C
Junior High High School College Professional Recreational Was this an ACCIDENT?				es, what sport?_	o If	□ Yes □No	ORTS injury?	Is this a SP (
Was this an ACCIDENT?					se circle one)	of play? (Pleas	at is your level	Wha
Type of Accident: Motor Vehicle Accident Fall Other: (Be Specific) Have you been treated previously for this injury? Yes No Physician: City/State: City/State:			eational	ofessional Recre	College Pr	h School C	or High High	Juni
Have you been treated previously for this injury?)	□Yes □No	ACCIDENT?	Was this an
Physician: City/State: Hospital: City/State:		Specific)	:her: (Be S	: 🗖 Fall 🗖 Ot	ehicle Acciden	□ Motor Ve	e of Accident:	Тур
Hospital: City/State:				es 🗖 No	is injury? 🗖 Y	eviously for th	een treated pre	Have you b
				City/State:				Physician:_
Circle ANY previous treatments and/or testing for this problem:								
				problem:	testing for this	ments and/or t	orevious treatn	Circle ANY
X-rays CT Scan MRI Physical Therapy Injections Surgery		у	Surgery	Injections	ysical Therapy	MRI Phy	ys CT Scan	X-ra