



Pre-Exam Form

Patient Name: _____ Age: _____

Occupation: _____

Are you working now? _____

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? _____/_____/_____
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. 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
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_____