

Siesta Key Physical Therapy History and Pre-Exam Questionnaire

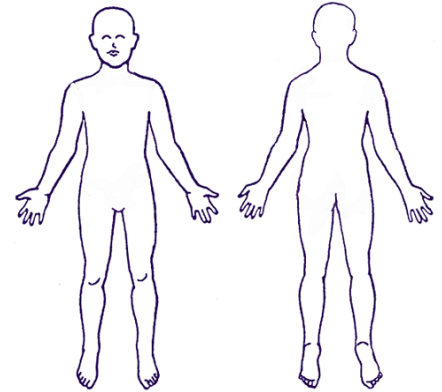
1. Where is your pain/problem? \_\_\_\_\_  
(Please mark area on diagram right.)

2. What caused your pain/problem?  
\_\_\_\_\_

3. Approximately when did it start? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Have you had any treatment for this condition?  
\_\_\_\_\_

5. Have you had any radiographic tests (x-rays, MRIs, etc)?  
\_\_\_\_\_  
If yes, when and where? \_\_\_\_\_



6. What specific activities are you having difficulty with because of your condition?  
\_\_\_\_\_

7. Is it getting worse, better, or staying the same? \_\_\_\_\_

8. Have you ever had this problem before? \_\_\_\_\_

9. Is your pain constant (never goes away)? \_\_\_\_\_

10. On the scale below, circle your worst pain level in the past few days:  
(mild) 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 (severe)

11. Are you taking medication for this problem?    Yes    No  
If yes, what & dosage? \_\_\_\_\_  
Does it help? \_\_\_\_\_

12. **For insurance requirements list all medications you are taking and include dosage:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List all medical conditions you have and are taking medications for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List all surgeries you have had with dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What is your employment status? Retired/Full-time/Part-time/Unemployed/Disability

16. Are you involved in a regular exercise program?    Yes    No  
If yes, what and how often? \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_