

PT 360 Physical Therapy Pre-Exam Questionnaire

In order to evaluate your condition fully, please be as accurate as possible. Thank you.

Personal Information

Name: _____

Date of Birth _____

Social Security number: _____

Gender: Male Female

Current occupation: _____

Are you working now Yes No

Current condition / Chief complaint

Where is your pain/problem? _____

Describe your pain as best as possible: _____

Does your pain travel to anywhere else in your body? Yes No

If so, where? _____

What caused your pain/or problem? _____

Approximately when did you start to have this pain? ____/____/20____

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

Have you ever had this pain/problem before? Yes No

Is your pain constant (never goes away)? Yes No

On the scale below 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

Are you taking any medication for this pain/problem? Yes No

If yes, what and does it help? _____

Are any of your usual everyday activities affected? Yes No

If yes, describe how. _____

Past Medical History

(use back of page if you need more room)

List all past surgeries with dates:

List all medical conditions you have (or were told you have):

List any past injuries to joint or muscle:

Describe any history of pain in other body regions:

All Current Medications you are taking: (Please bring list to include in your file)

Signature: _____

Date: _____