PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

PHYSICAL THERAPY REGISTRATION

Describe your symptoms: ____
____

When did your symptoms start? ____

How did your symptoms begin? ____
____

Did you have surgery? ☐ No ☐ Yes: ____

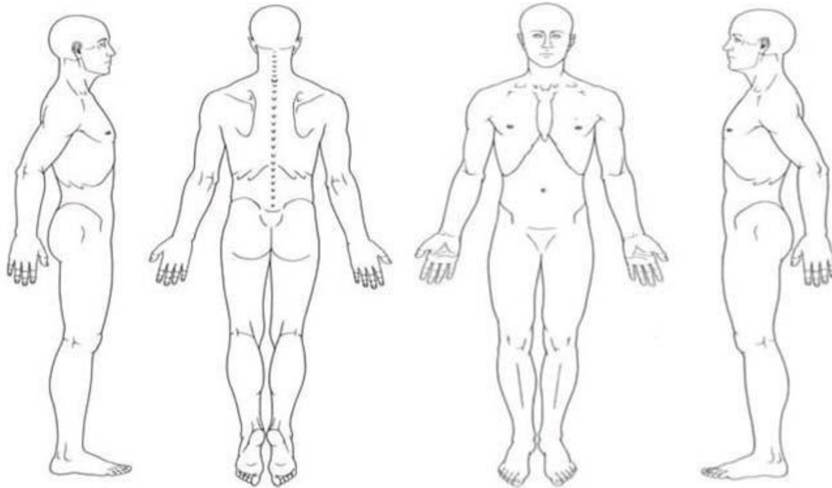
Please list medications you are currently taking:

____________________________________ ____________________________________
____________________________________ ____________________________________
____________________________________ ☐ I am not taking any Medication(s) at this time.

Please check any areas in which you have previously had, or currently have, medical problems:

☐ Allergies ☐ Currently Pregnant ☐ Fractures ☐ High BP ☐ Pacemaker ☐ Visual/Hearing Difficulties
☐ Cancer ☐ Diabetes ☐ Headaches ☐ HIV/AIDS ☐ Respiratory Problems
☐ Circulation Problem ☐ Dizziness ☐ Heart Conditions ☐ Low BP ☐ Surgery: ______________________________

On the diagram below, indicate where you have pain or other symptoms:



What describes the nature of your symptoms?

☐ Sharp ☐ Burning
☐ Shooting ☐ Numb
☐ Dull ache ☐ Tingling

How are your symptoms changing?

☐ Getting Better
☐ Not Changing
☐ Getting Worse

How often do you experience your symptoms?

☐ Constantly (76-100% of the day)
☐ Frequently (51-75% of the day)
☐ Occasionally (26-50% of the day)
☐ Intermittently (0-25% of the day)

During the past 4 weeks, indicate the average intensity of your symptoms:

☐ 0 (None) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Unbearable)

During the past 4 weeks, how much has pain interfered with your normal work, including housework and work outside the home:

☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

Who have you seen for your symptoms?

☐ No One ☐ Chiropractor ☐ Medical Doctor ☐ Physical Therapist ☐ Other: ________________________________

Have you had similar symptoms in the past? If you have received treatment in the past for the same or similar symptoms, who did you see?

☐ No ☐ Yes: ☐ This Office ☐ Chiropractor ☐ Medical Doctor ☐ Physical Therapist ☐ Other: ____________________

What is your occupation?

☐ Professional/Executive ☐ White Collar/Secretarial ☐ Tradesperson ☐ Laborer
☐ Homemaker ☐ Full Time Student ☐ Retired ☐ Other: ____________________________

What do you to for recreation?

____