

**PRE-EXAM FORM:** In order to evaluate your condition fully, please be as accurate as possible. Thank you.

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_  Female  Male

OCCUPATION: \_\_\_\_\_ ARE YOU WORKING NOW?  Yes  No

|     |                                                                                          |                                                                                            |                    |
|-----|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------|
| 1.  | Where is your pain/problem?                                                              |                                                                                            |                    |
| 2.  | What caused your pain/problem?                                                           |                                                                                            |                    |
| 3.  | Approximately when did it start?                                                         |                                                                                            |                    |
| 4.  | List ONE ACTIVITY you are unable to do, that you absolutely want to be able to do again: |                                                                                            |                    |
| 5.  | Have you ever had this same (or similar) pain/problem before?                            | <input type="checkbox"/> Yes (If yes, when and describe?)<br><input type="checkbox"/> No   |                    |
| 6.  | In your understanding, what do you think will make it better?                            |                                                                                            |                    |
| 7.  | How optimistic are you that you'll get better? (circle one)                              | Not at all.....Mildly optimistic.....Fairly.....Very optimistic.....Extremely              |                    |
| 8.  | What are some potential obstacles to you getting better?                                 |                                                                                            |                    |
| 9.  | Over the next 30-days, how many hours per week will you commit to getting better?        |                                                                                            |                    |
| 10. | What are you expecting from therapy?                                                     |                                                                                            |                    |
| 11. | On the scale, circle your worst pain level in the past couple of days:                   | Mild<br>0 . . . 1 . . . 2 . . . 3 . . . 4 . . . 5 . . . 6 . . . 7 . . . 8 . . . 9 . . . 10 | Moderate<br>Severe |
| 12. | List any medications you are taking:                                                     |                                                                                            |                    |
| 13. | List all past surgeries with dates:                                                      |                                                                                            |                    |
| 14. | List all medical conditions you have (or were told you have):                            |                                                                                            |                    |

Total:

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 approval into their program is not guaranteed.

Patient Signature (or guardian): \_\_\_\_\_ Date: \_\_\_\_\_