



Dx:	_____			
Next appt:	_____			
New:	2	3	4	5

PHYSICAL MEDICINE—NEW PATIENT

Dr. Smucker

Identifying Data

Last Name: _____ First Name: _____ Middle: _____

Age: _____ Dominant Hand: Left Right Sex: Male Female

Who referred you here? _____

Your primary care physician is: _____

History of Present Illness

When did the current problem begin? _____ Date: _____

Circle the statements that apply to when your current problem occurred:

Car Accident Fall Work Related Lifting Unknown

Briefly describe the problem:

Behavior of Symptoms

How frequently do you have symptoms? Constantly 75% 50% Less than 25% of the time

Are your symptoms worse with: Sitting Standing

What otherwise aggravates your condition? _____

What seems to relieve your condition? _____

Do your symptoms interfere with your sleep? Yes No

Over the past 2 months, would you say that, overall, things are:

Improving Worsening Staying the same

Does your pain radiate? Yes No If yes, where? Upper extremities Lower extremities

Do you have any problems with your bowel or bladder?

Leak urine Have a bowel movement without notice

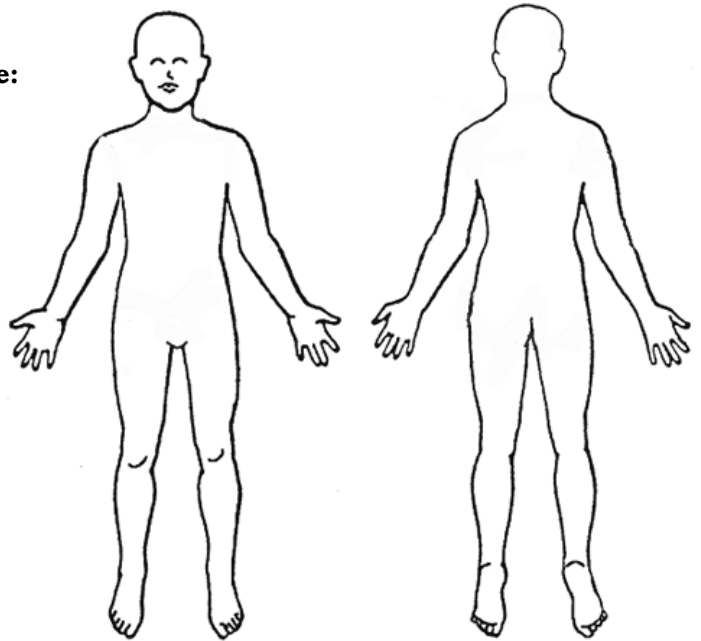
Is this new? Yes No

Please mark on the picture where your symptoms are:

Pain //

Numbness *****

Tingling ^^^^^^^^^^^^^^^^^



Prior Treatments

Circle all tests and treatments you have received for your current condition:

- CAT MRI X-Rays EMG Myelogram
- Disco gram Medications Pain Clinic Epidural Steroids
- Chiropractic care (name of practitioner): _____
- Physical Therapy Occupational Therapy Aqua Therapy

If you have had any therapies:

Where: _____ How long: _____ Ending when: _____

Name of your therapist: _____ Was this therapy helpful? Yes No

Complete remainder only if you consider this to be a work related injury

If you are not working, who took you off work? Doctor Work Self Other

If working, are you currently under doctor prescribed physical restrictions? Yes No

If yes, what restrictions? _____

Name of doctor who gave the restrictions: _____

How long have you been off work this year? _____

How many years have you worked with your present employer? _____

How long have you worked this specific position? _____

Are there things about this specific position that bother you? _____

Is there an attorney involved in this case? Yes No