

# MCPT Patient Intake Form

(Please complete front page and bring to your first appointment)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did this occur? \_\_\_\_\_ Unsure Date of onset: \_\_\_\_\_ gradual sudden

Current symptoms: decreased motion weakness swelling tingling/numbness Pain (0-10 scale) \_\_\_/10

Aggravating factors: (CHECK 3) am pm as day progresses standing walking sitting turning your head reaching sleeping running recreation sit to stand cough/sneeze squatting stairs repetition bending

Easing factors: (CHECK 3) am pm as the day progresses standing walking sitting bending squatting reaching sleeping heat meds cold being still being on the move

This problem is getting (since the onset): better same worse

Previous injury to this area: no yes (specify) \_\_\_\_\_

Previous providers seen include: \_\_\_\_\_

Previous treatment: surgery medication injection manipulation exercise rest immobilization heat ice massage none

Tests: x-rays MRI EMG CAT scan other: \_\_\_\_\_

RESULTS: \_\_\_\_\_

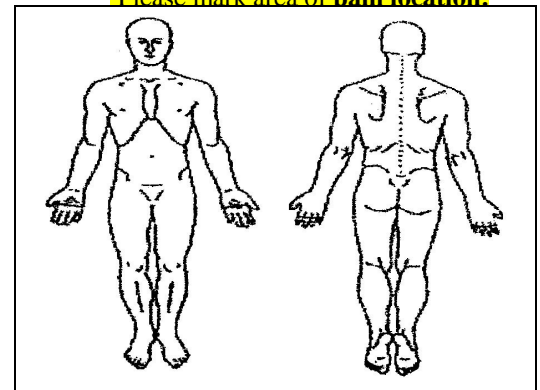
List current Meds: \_\_\_\_\_

Current work status: full/part time homemaker not working expected date of return: \_\_\_\_\_

Modified duty: specific restrictions: \_\_\_\_\_

How will you know you are better? \_\_\_\_\_

Please mark area of pain location:



Functional assessment:	1= normal	2=mild difficulty	3=moderate difficulty	4=severe difficulty
balance	1	2	3	4
bending	1	2	3	4
dressing/grooming	1	2	3	4
driving	1	2	3	4
gripping	1	2	3	4
keyboarding	1	2	3	4
lifting/carrying	1	2	3	4
moving your head	1	2	3	4
reaching	1	2	3	4
recreational pursuits	1	2	3	4
sit to stand	1	2	3	4
sitting	1	2	3	4
sleeping	1	2	3	4
squatting	1	2	3	4
stairs	1	2	3	4
standing	1	2	3	4
walking	1	2	3	4

Other medical history: (please check those that apply to yourself)

headaches	yes	nopolio	yes	norespiratory disease	yes	no	other _____
cancer	yes	nod diabetes	yes	nohigh blood pressure	yes	no	
HIV	yes	noseizures	yes	noheart disease	yes	no	
mental illness	yes	nodizziness	yes	nochemical dependency	yes	no	
hepatitis	yes	noskin disorders	yes	noneurologic disease	yes	no	
smoking	yes	noosteoporosis	yes	noarthritis (rheumatoid)	yes	no	