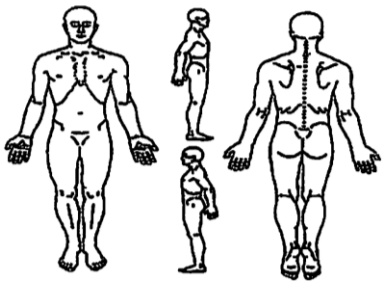
Fairbanks Family Wellness
Johnna Underwood, PT
3550 Airport Way, #4, Fairbanks, AK 99709
Phone: 907-479-2331 Fax: 907-479-0164
FairbanksFamilyWellness.com

PT Intake Form

Circle the area of your main complaint:	Please list/describe your symptoms in order of severity.
	1. _____ 2. _____ 3. _____

What is the quality of your pain/complaint?

Dull Ache	Cramping	Spasms	Stabbing	Burning
Tingling	Shooting	Sharp with motion	Shooting with motion	Stiff
Achy	Numb	Pain at rest w/o activity	Other: _____	
			_____	
			_____	

When did your symptoms/problem begin? _____

_____

Have you had this problem before? _____

_____

If accident related, please describe how the injury occurred. _____

_____

How often do you experience these symptoms (please circle)?

Constantly (76-100% of the time) Occasionally (26-50% of the time)

Frequent (51-75% of the time) Intermittently (0-25% of the time)

On a pain scale from 1-10 (10 being the worst), how would you rate this problem?

0 1 2 3 4 5 6 7 8 9 10 (circle one)

How are your symptoms changing with time (circle)?

Getting better Getting worse Not changing

How much has this problem interfered with your work (circle)?

Not at all A little bit Moderately Quite a bit Extremely

Please explain: _____

_____

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How much has this problem interfered with your social activities/hobbies/sports?

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

Please explain: _____

_____

Does this problem interfere with your ability to (circle all that apply and indicate a time frame, i.e. within 10 minutes of sitting, my low back pain starts hurting.)

Sitting	**Working**
Standing	**Personal Hygiene**
Walking	**Driving**
Stair Climbing	**Sleep**
Lifting	

Please explain: _____

_____

Have you had any other treatment for this condition? _____

_____

Have you had any recent accidents or hospitalizations? _____

_____

Name: _____ **Today's Date:** _____