INTAKE QUESTIONNAIRE - Page 1

____________________ Please Print Your Name

____________________ Date of Birth

____________________ Date Completed

Please Answer All Questions In Detail As It Pertains To Your Current Complaint.

What is the reason for today's visit? ____

____

____

____

Circle The Face That Best Describes Your Current Pain Level

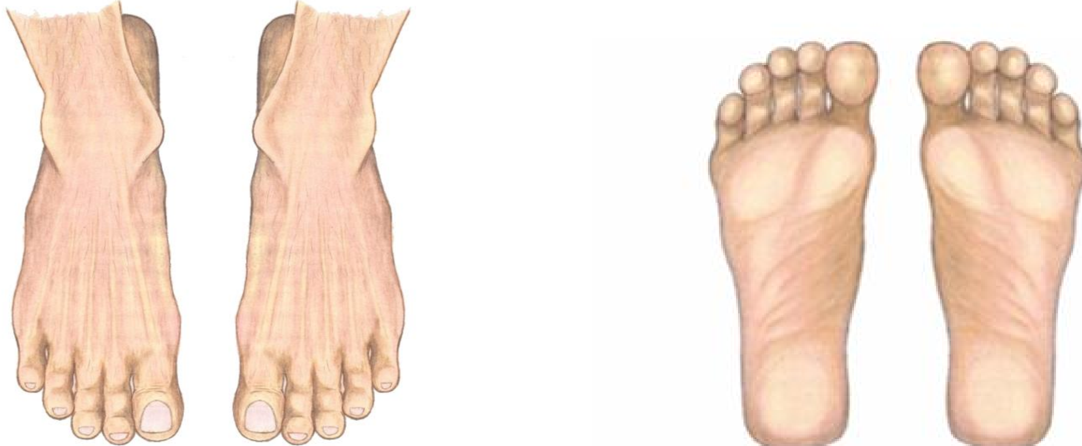
If you have pain, please select all that describe your pain.

- ☐ Burning
- ☐ Tingling
- ☐ Sharp
- ☐ Throbbing
- ☐ Aching
- ☐ Dull
- ☐ Stabbing
- ☐ Radiating

In describing the area of your complaint, please select all that describe what you see.

- ☐ Bruising
- ☐ Redness
- ☐ Swelling
- ☐ Drainage
- ☐ Open Wound
- ☐ Bleeding
- ☐ Foreign Object
- ☐ ____________

On the diagrams below, please mark the problem and/or painful area(s).



INTAKE QUESTIONNAIRE - Page 2

Please Print Your Name ____________ Date of Birth ____________ Date Completed ____________

Please Answer All Questions In Detail As It Pertains To Your Current Complaint.

Date of Injury or Onset? ____________

If your condition is the result of an injury, describe how you were injured.

____

____

____

____

____

Since the injury/onset, my condition seems to be:

- ☐ Unchanged
- ☐ Intermittent
- ☐ Worsening
- ☐ Improving
- ☐ Constant

What seems to aggravate your condition?

- ☐ Walking
- ☐ Exercise
- ☐ Running
- ☐ Cold Weather
- ☐ Wearing Shoes
- ☐ Hot Weather

Please select all forms of treatment that you have previously received for your current condition.

- ☐ No Previous Treatment
- ☐ Physical Therapy
- ☐ Shoes
- ☐ Injections
- ☐ Orthotics
- ☐ Exercise
- ☐ Other Physician
- ☐ Medication

If you have had surgery to correct your current condition, please describe the surgery below.

____

____

Please list any and all Specialists you see routinely along with the date when you were last seen by them.

Specialist	Last Visit
Cardiologist =	Last Visit:
Endocrinologist =	Last Visit:
	Last Visit:
	Last Visit:

VITAL SIGNS - This Information Will Be Collected By A Medical Assistant

Height:	____	(inches)	Temperature:	____	(Fahrenheit)
Weight:	____	(pounds)	BP: SYS	____	mmHG
Respirations:	____	(per minute)	BP: DIA	____	mmHG
			Pulse:		(per minute)