

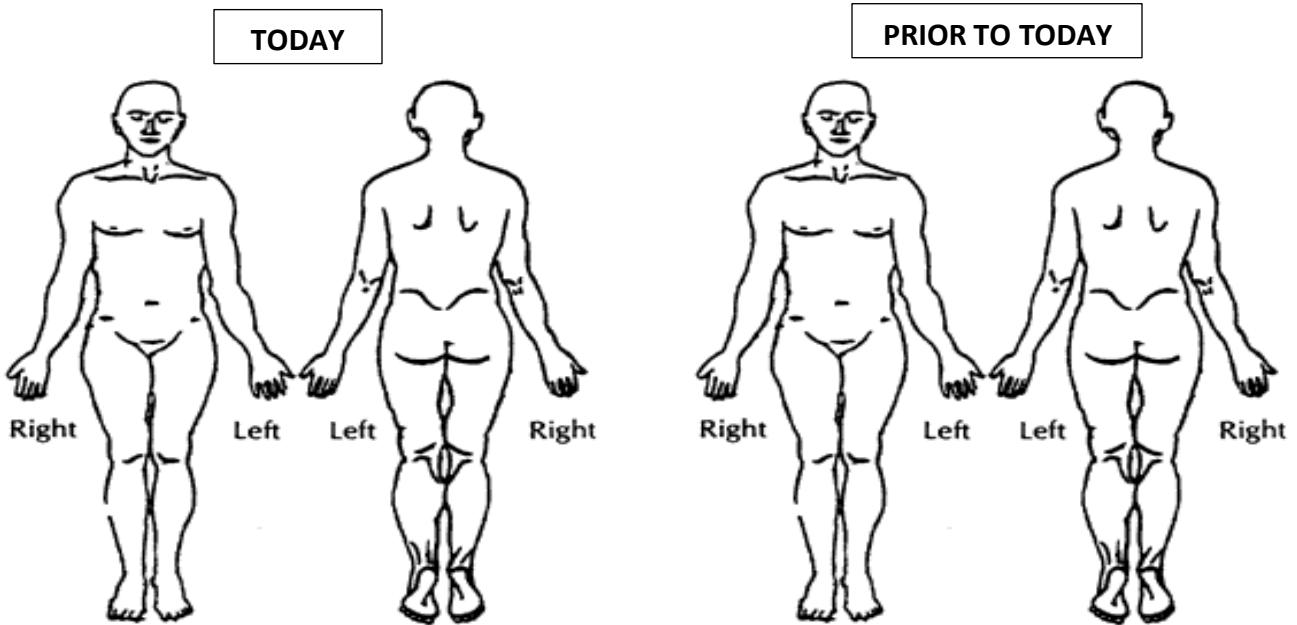
VASTA PHYSICAL THERAPY Inc.

Name: _____ Date: _____ DOB: _____

Preferred pronouns: _____

The following Chart lets us know how you are feeling.

1. Please use an **O** to indicate location(s) of PAIN.
2. Please use **X** marks to indicate where you feel NUMBNESS or TINGLING.



3. Please Circle your *current* pain levels. Please X your pain levels at *worst* & at *best*

No Pain 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Worst pain imaginable

4. What activities, postures or positions INCREASE your pain? _____

5. What makes your pain LESS bad? _____
6. Since its initiation, have your symptoms: Worsened Improved Remained About the Same
7. Any other changes in symptoms? _____
8. Have you experienced these symptoms previously? No Yes (explain) _____

9. What do you think *originally* caused your pain? _____

10. Is your injury a result of a motor vehicle accident? No Yes
11. Have you had any diagnostic tests done for your current injury? (e.g. MRI, X-ray, etc)
 Yes No If yes, what test(s)? _____
12. Have you had surgery recommended to you? No Yes
13. Have you had any past surgeries? No Yes (explain) _____

14. Are you taking any medications? No Yes (list) _____

15. Are you pregnant? No Yes (weeks?) _____
16. Are you currently under the care of a physician, chiropractor, or other health care provider other than your Primary Care Physician? No Yes (list) _____

17. What is the name of your Primary Care Physician and the name of the clinic? _____

18. When was your last physical exam with your Primary Care Physician? ____ / ____ / ____
19. What are your goals for physical therapy? _____

20. Is there anything else you would like for us to know? _____

21. What is the best method for us *to communicate with you*? Email: _____
(To remind you of upcoming appointments,
scheduling future appointments, etc.) Phone: _____ Other: _____
22. How did you hear about us? Doctor/Provider Friend/Family Online Search Social Media
 Newspaper Ad Banner/Sign Other _____

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If Applicable)