Alpine Physical Therapy & Spine Care			Patient Name:								
PATIENT CONDITION											
Reason for visit			( )								
When did your symptoms appear?			) _(								
Is this condition getting progressively w	vorse? □YES □NO	□UNKN	NOWN S								
Are you having trouble sleeping? □Y	'ES □NO		((桑))   ((***))								
Normal hours of sleep: hours	Current hours of sleep:	hours									
Have you had any prior treatment for y □Hospitalization □Bracing/Taping/C □TENS/Stimulation Unit □Injections □Other	Casting  Physical Therapy	1 / / / V 1 \ \ / / / \ 1 \ \ / \ 1 \ \ / \ \ \ \									
Before the onset of my current sympto □Independent in all activities □Inde □Needing assistance with some activit □Dependent for all care	pendent with self-care only	h most a	Mark an X on the picture where you continue								
Please mark your level of pain with an I	X along the following lines:		to have pain, numbness or tingling.								
What is your level of pain at rest?		What is	is your level of pain with activity?								
No Pain	Worst Pain Imaginable	No Pai	nin Worst Pain Imaginabl								
	+ + + + + + + + + + + + + + + + + + + +	<b>—</b>									
HEALTH HISTORY											
Medical conditions you current	ly have or have had in the pas	t:	HABITS								
☐Heart Problems	□Difficulty swallowing		Smoking Packs/day								
☐Fainting or Dizziness	☐A wound that does not hea		Alcohol Drinks/week								
☐Shortness of Breath	☐Unusual skin condition		Coffee/Caffeine Drinks Cups/day								
☐Calf pain with exercise	☐Lung disease/problems		High Stress Level Reason								
☐Severe Headaches	□Arthritis										
☐Recent accident	☐Swollen and painful joints										
☐Head Trauma/concussion	□Irregular Heartbeat		ALLERGIES								
☐Muscular weakness	☐Stomach pain or Ulcer										
□Cancer:	☐Back or neck injuries										
□Joint dislocation	☐Pain with cough or sneeze										
☐Broken bones	□Stroke										
□Difficulty sleeping	☐Muscular pain with activity										
☐High blood pressure	☐Frequent falls		PRIOR SURGERIES								
□Epilepsy/Seizures/convulsions	☐Chest pain or pressure at re										
☐Constant pain unrelieved with rest	□Nervous or emotional prob										
☐Mouth numbness	□Pacemaker/implanted stime	ulator									
☐Kidney Disease	☐Bowel/bladder problems										
□Liver Disease	□Diabetes: type										
□Weakness or fatigue	☐Balance problems		MEDICATIONS								
☐Hernia	☐Swollen ankles or legs										
Blurred vision	☐Tremors										
□Circulatory problems	□Night pain while sleeping										
□Jaw problems	☐Unexplained weight loss										
☐Any infectious disease (TB, Aids, Hepatitis)	□Pregnancy										
EXERCISE		WORK	RK ACTIVITY								

Hepatitis)	545 415C45C (1 <i>D,</i> 1114	<i>5,</i> <b>—</b> 110	Бпапсу					
EXERCISE  None  Type	□Moderate	□Daily	□Heavy	WORK ACTIVITY □Employed □On medical leave		ıl leave	□Employed with restrictions □Not employed □Retired	
Times per wee	k			Type o		k □Standing	□Light Labor	□Heavy Labor