

PT/OT Patient Intake Form (version 1.5)



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Las	st name													First nam	е									
PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ●)																								
1.	1. Why are you here today? If there are many reasons, please choose only the most important or most severe one.																							
	O Neck											Othe					regio	on)						
	O Upper/ O Elbow mid-back O Wrist						O Knee O Spinal cord rehabilitation										O Post-surgical O Fracture							
										Neurologic rehabilitation Balance/coordination							Othe							
2.	When did this problem first begin?																							
	O Less than 1 month ago O 1-3 months ago O 4-6 months ago O 7-12 months ago												O More than 1 year ago						go					
	Has	this	prob	olem															No		Y	'es		
3.	resul	ted f	rom a	a work	injury	(i.e.	work	ers' c	ompens	satio	n ins	uran	ce cl	laim)?					0			0		
4.	resul	ted f	rom a	a motor	vehic	cle a	ccide	nt (i.e	. no fau	ılt ins	surar	nce c	laim)?					0			0		
5.	5 recently been evaluated by a medical doctor?															0			0					
				oblem							- - -	1 - 1:ti	41	0					No			es		
	so m					-			-										0			0		
						•								thout help?					0			0		
8.	diffic	ulty o	contro	olling yo	our bo	wel	or bla	adder	or hav	e yo	u be	en ur	nable	e to urinate	?				0			0		
9.	pain	in yo	our ch	າest, sh	ortne	ss of	brea	ath, or	coughi	ng u	p blo	od?							0			0		
10.	that o	one I	eg fe	lt more	warn	n, mo	re s	vollen	, more	red,	or m	ore t	ende	er than the	other	?			0			0		
				ently															No			es		
	had b								s, or fa	inting	<u>)?</u>								0			0		
	had a		• •																0			0		
		had any type of surgery, surgical procedure, or medical procedure?													0			0						
14.	lost a	lot	of we	ight wit	hout	really	/ tryir	ng to (i.e with	out b	eing	on a	a die	t)?					0			0		
15.	had a	any t	ype c	of accid	ent, f	all, o	r traı	ıma?											0			0		
4.0			u eve			<u>.</u>													No			es		
16.				ed with															0			0		
17.	been	diag	gnose	ed with	osteo	poro	sis (i	.e. we	ak, sof	t, or	brittle	e bor	nes)?	?					0			0		
18.	been	diag	gnose	ed with	a wea	aken	ed in	nmune	syster	n?									0			0		
19.	used	any	injed	ted dru	ıgs (i.	e. no	n-pre	escrip	ion dru	gs)?									0			0		
20.	used	ster	oids	such as	s prec	Iniso	ne fo	r mor	e than 4	4 wee	eks?								0			0		
				m som	ethin	g tha	at												No)	Y	'es		
21.	you'v	e ha	ad be	fore?															0			0		
22.	gene	rally	gets	worse	(i.e m	ore s	seve	e or f	equent	t) witl	h mo	vem	ent,	activity, or	exerc	ise?	?		0			0		
23.	gene	rally	gets	better	(i.e. le	ess s	ever	e or fr	equent)) with	rest	!?							0			0		
24.	was	rece	ntly e	examine	ed wit	h dia	gnos	tic ima	aging te	ests s	such	as x	-rays	s, MRI scar	, or (CT s	car	າ?	0			0		
														or occupat					0			0		

