

SWEDISHAMERICAN

A DIVISION OF UW HEALTH

Patient Name: _____ **Birthdate:** _____
Email Address _____

Problem: _____ **How Long:** _____

Have you had any medical tests for this problem? X-Rays ___ MRI ___ CT Scan ___ Other ___

Have you had any of the following?

	Yes	No		Yes	No		Yes	No
Diabetes	___	___	Cancer	___	___	Metal Implants	___	___
Chest Pain	___	___	Asthma	___	___	Dizziness	___	___
Heart Disease	___	___	Arthritis	___	___	Current Fractures	___	___
Pacemaker	___	___	Seizures	___	___	Skin Allergies	___	___
High Blood Pressure	___	___	Respiratory Problems	___	___	Nausea/Vomiting	___	___
Kidney Problems	___	___	Headaches	___	___	Ear Ringing	___	___
Allergies to Latex	___	___	Osteoporosis	___	___	Currently Pregnant	___	___
Bladder Problems	___	___	Surgeries	___	___			

If you answered “YES” to any of the above, please give a brief explanation:

List all medications or present a copy of your med list to office staff.

Check any of the following activities you have difficulty with due to your injury:

___ Housekeeping	___ Lifting	___ Driving	___ Shopping	___ Reaching
___ Dressing	___ Cooking	___ Stairs	___ Child Care	___ Bending
___ Sitting	___ Standing	___ Sleeping	___ Walking	

Is there anything specific that you would like to do that you cannot do now?

Have you received physical, occupational, or speech therapy services in the current calendar year at another facility/location? *Yes or No*

Today my pain is: (circle appropriate)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10



0
NO HURT



2
HURTS
LITTLE BIT



4
HURTS
LITTLE MORE



6
HURTS
EVEN MORE



8
HURTS
WHOLE LOT



10
HURTS
WORST

Appointment Reminders:

- Automated reminder calls go out one or two days before your appointment, if you would like text messaging enabled please indicate below

Best contact number for automated reminder calls: _____

Circle one: Text Or Call

Attendance/Cancellation Policy

- We require **24 hour notice for cancelled appointments** in order to rebook that time with another patient.
- If you have **two "no shows" (missing an appointment without calling in advance) or frequent cancellations** you will be taken off the schedule.
 - You may call on a day you wish to be seen to check for same day appointments as long as your plan of care has not expired.

Signed: _____ Date: _____ Time: _____