

Name: Barbara Wilson		Date of Birth: 8-4-1974	Age: 42
<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Right Handed	Height 5' _____ Feet 2 _____ Inches	
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Left Handed	Weight 110 _____ Pounds	
Primary Care MD:		Referring MD: Dr. Keith Rossein	

Current Problem(s) Please tell us about the symptoms you are currently experiencing. Check the box (s) of any area that has symptoms.

- |   |   |
|---|---|
| <p><b>Neck/Arm Symptoms</b></p> <p><input checked="" type="checkbox"/> 1. Neck</p> <p><input checked="" type="checkbox"/> 2. Right Shoulder</p> <p><input type="checkbox"/> 3. Right Arm</p> <p><input checked="" type="checkbox"/> 4. Right Hand</p> <p><input type="checkbox"/> 5. Left Shoulder</p> <p><input type="checkbox"/> 6. Left Arm</p> <p><input type="checkbox"/> 7. Left Hand</p> | <p><b>Low back/Leg Symptoms</b></p> <p><input type="checkbox"/> 8. Back</p> <p><input type="checkbox"/> 9. Right Hip</p> <p><input type="checkbox"/> 10. Right Leg</p> <p><input type="checkbox"/> 11. Right Foot</p> <p><input type="checkbox"/> 12. Left Hip</p> <p><input type="checkbox"/> 13. Left Leg</p> <p><input type="checkbox"/> 14. Left Foot</p> |
|---|---|

Neck  
 Pain: Intermittent  
 How did this begin: Lifting something

Pain Scale:

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

Best  
Worst

Right Shoulder  
 Pain: Aching  
 Numbness: None  
 Weakness: None  
 How did this begin: Lifting something

Pain Scale:

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

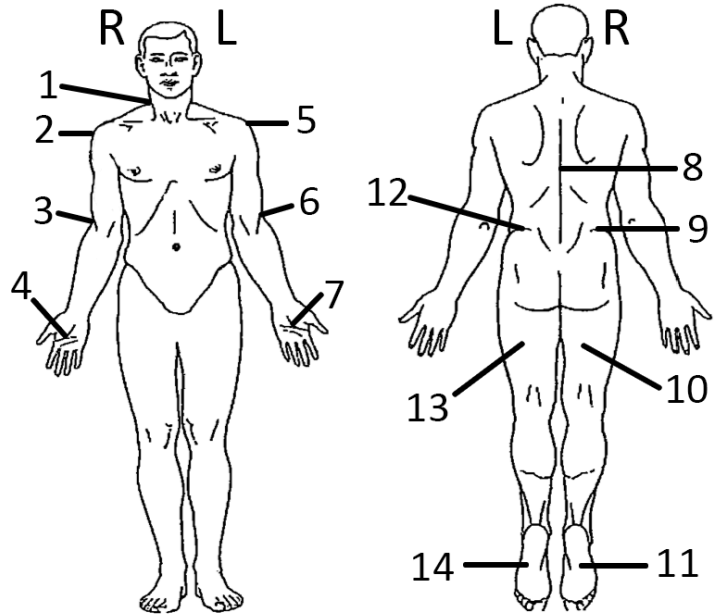
Best  
Worst

Right Arm  
 Pain: \_\_\_\_\_  
 Numbness: \_\_\_\_\_  
 Weakness: \_\_\_\_\_  
 How did this begin: \_\_\_\_\_

Pain Scale:

0	1	2	3	4	5	6	7	8	9	10

Best  
Worst



Actual or Approximate date your symptoms began

\_\_\_\_\_  
 MM/DD/YYYY

Describe your injury:

**Pain Scale ["0" no pain - "10" Sever Pain]**  
 Type "B" for the **Best** your pain has been at the specific location.  
 Type "W" for the **Worst** your pain had been at the specific location.

Name: Barbara Wilson

Date: 11-23-2015

Intake Form

Right Hand

Pain: Burning

Numbness: Intermittent

Weakness: Intermittent

How did this begin: Lifting something

Pain Scale:

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

Best  
Worst

Right Arm

Pain: \_\_\_\_\_

Numbness: \_\_\_\_\_

Weakness: \_\_\_\_\_

How did this begin: \_\_\_\_\_

Pain Scale:

0	1	2	3	4	5	6	7	8	9	10

~ i -°  
+ «®°

Left Shoulder

Pain: \_\_\_\_\_

Numbness: \_\_\_\_\_

Weakness: \_\_\_\_\_

How did this begin: \_\_\_\_\_

Pain Scale:

0	1	2	3	4	5	6	7	8	9	10

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+ «®°

Left Arm

Pain: \_\_\_\_\_

Numbness: \_\_\_\_\_

Weakness: \_\_\_\_\_

How did this begin: \_\_\_\_\_

Pain Scale:

0	1	2	3	4	5	6	7	8	9	10

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Left Hand

Pain: \_\_\_\_\_

Numbness: \_\_\_\_\_

Weakness: \_\_\_\_\_

How did this begin: \_\_\_\_\_

Pain Scale:

0	1	2	3	4	5	6	7	8	9	10

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Back

Pain: \_\_\_\_\_

How did this begin: \_\_\_\_\_

Pain Scale:

0	1	2	3	4	5	6	7	8	9	10

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Right Hip

Pain: \_\_\_\_\_

How did this begin: \_\_\_\_\_

Pain Scale:

0	1	2	3	4	5	6	7	8	9	10

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Left Hip

Pain: \_\_\_\_\_

How did this begin: \_\_\_\_\_

Pain Scale:

0	1	2	3	4	5	6	7	8	9	10

~ i -°  
+ «®°

