# PRE-EXAM FORM: In order to evaluate your condition fully, please be as accurate as possible. Thank you.

PATIENT NAME: _____ AGE:_____ GENDER: ❑ Female ❑ Male

OCCUPATION: _____ ARE YOU WORKING NOW? ❑ Yes ❑ No

NEXT DR. APPOINTMENT: _____

| | | | |
|---|---|---|---|
| 1. | Where is your pain/problem? | | |
| 2. | What caused your pain/problem? | | |
| 3. | Approximately when did it start? | | |
| 4. | List ONE ACTIVITY you are unable to do, that you absolutely want to be able to do again: | | |
| 5. | Have you ever had this same (or similar) pain/problem before? | ❑ Yes (If yes, when and describe?)<br>❑ No | |
| 6. | In your understanding, what do you think will make it better? | | |
| 7. | How optimistic are you that you'll get better? (circle one) | Not at all……Mildly optimistic……Fairly……Very optimistic……..Extremely | |
| 8. | What are some potential obstacles to you getting better? | | |
| 9. | Over the next 30-days, how many hours per week will you commit to getting better? | | |
| 10. | What are you expecting from therapy? | | |
| 11. | On the scale, circle your worst pain level in the past couple of days: | *Mild* *Moderate* *Severe*<br>0 . . . 1 . . . 2 . . . 3 . . . 4 . . . 5 . . . 6 . . . 7 . . . 8 . . . 9 . . . 10 | |
| 12. | List any medications you are taking: | | |
| 13. | List all past surgeries with dates: | | |
| 14. | List all medical conditions you have (or were told you have): | | |
| | | | Total: |

I understand that my candidacy for a rehabilitation program will be dependent upon my ability and willingness to improve. I have answered the questions above honestly and accurately to the best of my ability. The doctor/therapist will determine whether or not I am a viable candidate for a rehabilitation program and that my approval into their program is not guaranteed.

Patient Signature (or guardian):_____ Date: _____