# PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

## PT REGISTRATION

**Describe your symptoms:** _____

_____

**When did your symptoms start?** _____

**How did your symptoms begin?** _____

_____

**Did you have surgery?** ☐ No ☐ Yes: _____

**Please list medications you are currently taking:**

_____ _____

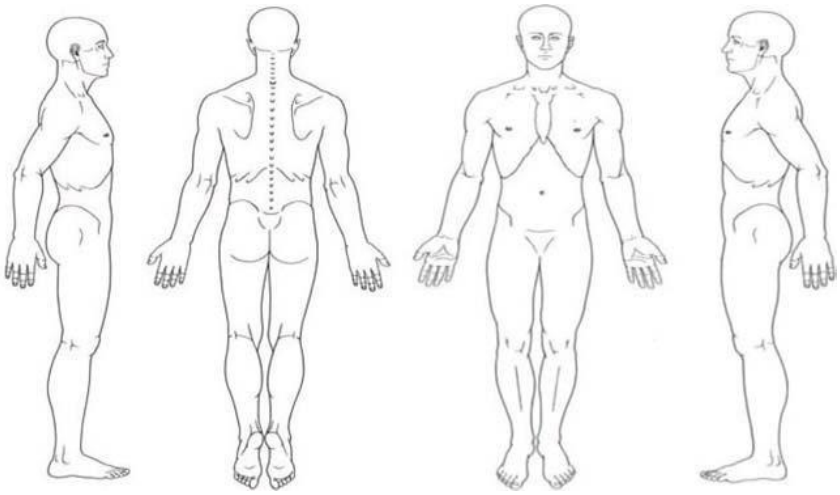
_____ _____

_____ ☐ I am not taking any Medication(s) at this time.

**Please check any areas in which you have previously had, or currently have, medical problems:**

☐ Allergies ☐ Currently Pregnant ☐ Fractures ☐ High BP ☐ Pacemaker ☐ Visual/Hearing Difficulties
☐ Cancer ☐ Diabetes ☐ Headaches ☐ HIV/AIDS ☐ Respiratory Problems
☐ Circulation Problem ☐ Dizziness ☐ Heart Conditions ☐ Low BP ☐ Surgery: _____

**On the diagram below, indicate where you have pain or other symptoms:**



**What describes the nature of your symptoms?**

☐ Sharp ☐ Burning
☐ Shooting ☐ Numb
☐ Dull ache ☐ Tingling

**How are your symptoms changing?**

☐ Getting Better
☐ Not Changing
☐ Getting Worse

**How often do you experience your symptoms?**

☐ Constantly (76-100% of the day)
☐ Frequently (51-75% of the day)
☐ Occasionally (26-50% of the day)
☐ Intermittently (0-25% of the day)

**During the past 4 weeks, indicate the average intensity of your symptoms:**

☐ 0 (None) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Unbearable)

**During the past 4 weeks, how much has pain interfered with your normal work, including housework and work outside the home:**

☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

**Who have you seen for your symptoms?**

☐ No One ☐ Chiropractor ☐ Medical Doctor ☐ Physical Therapist ☐ Other: _____

**Have you had similar symptoms in the past? If you have received treatment in the past for the same or similar symptoms, who did you see?**

☐ No ☐ Yes: ☐ This Office ☐ Chiropractor ☐ Medical Doctor ☐ Physical Therapist ☐ Other: _____

**What is your occupation?**

☐ Professional/Executive ☐ White Collar/Secretarial ☐ Tradesperson ☐ Laborer
☐ Homemaker ☐ Full Time Student ☐ Retired ☐ Other: _____

**What do you to for recreation?**

_____