

# FOOT & ANKLE SPECIALIST PHYSICAL THERAPY

Welcome to Physical Therapy and thank you for keeping your appointment today!

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
(Provide phone & fax ONLY if outside Foot & Ankle)

In order for your therapist to best help you, please answer the following questions as best you can.

Today's Date _____ Date of Onset (exact date is required for work injuries) _____
Area of Injury or Pain: _____
How did this injury occur? _____
What other treatment have you received for this problem, including past physical therapy? _____ _____
What type of work do you do? _____ Are you on light duty? _____
Have you lost time from work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Off work now due to injury <input type="checkbox"/> Retired

Please list 3 specific activities you have difficulty performing due to your injury:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please circle on the scale below your level of pain today.

0=No pain 10= Pain that would make you go to the emergency room

**1 2 3 4 5 6 7 8 9 10**

What activities increase your pain? \_\_\_\_\_

What activities decrease your pain? \_\_\_\_\_

What are your goals for physical therapy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best contact number: \_\_\_\_\_ Is it ok for us to leave messages? \_\_\_\_\_

Email address: \_\_\_\_\_ (We do not share/sell email addresses)