

PHYSICAL THERAPY QUESTIONNAIRE

Patient Name: _____

Account: _____

Height: _____

Weight: _____

Occupation: _____

List Any Recreation/Hobbies/Sports: _____



Current Symptoms: (Pertaining only to what you are being seen for today)

1. Where are you currently experiencing symptoms?

2. Approximately what date did the symptoms begin? **If you recently had surgery, please list date prior to surgery.**

3. Did the pain begin: gradually suddenly by injury
Explain:

4. Have you had this problem before? Yes No If yes, when?

5. What eases your symptoms? Ice Heat Rest Elevation
 Medication Changing Positions Other:

6. My goal for physical therapy is:

PAIN SCALE

No Pain	Vague	Mild Pain	Uncomfortable	Moderate Pain	Very Uncomfortable	Distressing	Severe	Horrible	Excruciating	Intolerable
0	1	2	3	4	5	6	7	8	9	10

Rate your pain over the **last 24 hours**: 0 1 2 3 4 5 6 7 8 9 10

Rate your pain at its **best**: 0 1 2 3 4 5 6 7 8 9 10

Rate your pain at its **worst**: 0 1 2 3 4 5 6 7 8 9 10

Using the Symbols below, mark the areas on your body (for which you are being seen for today) where you feel the following described sensations:

N= NUMBNESS
S= STABBING

PN= PINS AND NEEDLES
A= ACHE

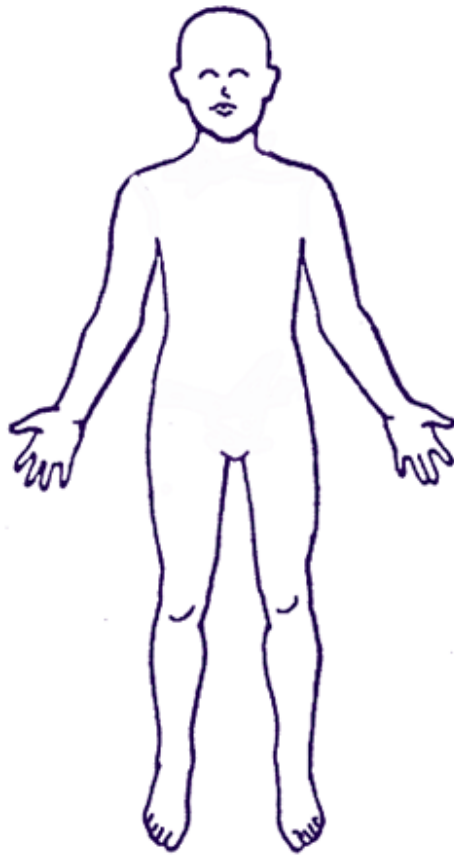
B= BURNING

RIGHT

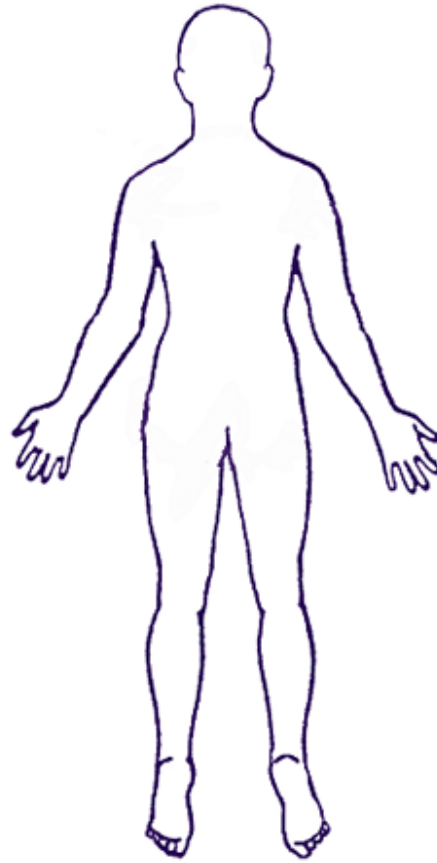
LEFT

LEFT

RIGHT



FRONT



BACK

PHYSICAL THERAPY POLICIES & PROCEDURES

Scheduling Policy:

Please be aware that it is the patient's responsibility to schedule their appointments as far in advance as possible. Waiting until the end of the week to schedule your appointment, may result in you not receiving the time that you may like. Please notify us as soon as possible if you intend to change your scheduled appointments. You cannot receive both physical therapy and an office visit with the doctor on the same day due to possible insurance denials.

Cancellation Policy:

Coastal Orthopaedic Physical Therapy Center appreciates a call 24 hours in advance if you need to cancel an appointment. Your appointment time is valuable and other patients appreciate the opportunity to be treated if you are unable to attend.

Please notify us ASAP if you will be more than 15 minutes late for your appointment as we may have to re-schedule you if the schedule does not allow for you to be treated at a later time in the day.

No Show Policy:

We are required to report to your treating physician if you fail to attend your regular therapy appointments. Your non-compliance could result in being discharged from Physical Therapy. No show appointments are highly discouraged. If you have more than 3 "no show" appointments, your future appointments could be removed from the schedule. A return appointment to your physician may also be required before you can return to therapy for treatment.

Payment Policy:

Payments for Physical Therapy will be collected at the time services are rendered unless other arrangements have been made with the receptionist.

Fragrance-Free Clinic Policy:

Coastal Orthopaedic Physical Therapy Center strives to ensure the comfort and safety of our employees, patients and visitors by encouraging an environment free from smoke, fragrances, or unpleasant smells. These odors are distracting and may trigger allergic reactions or create health problems for sensitive individuals.

Phone Policy:

We ask that you please turn your phone off when entering the therapy treatment room. It is very disruptive to others and it takes time out from your therapy session.

Sick Policy:

If you have the following symptoms: sore throat, fever, coughing, or vomiting, please be respectful to other patients and the staff by canceling your therapy appointment. We will be more than happy to accommodate you and reschedule you as soon as you are feeling better.

PATIENT SIGNATURE

DATE