Current: At best: At worst: Circle all that apply: Dull Sharp Achy Heaviness Shooting Burning Numbness Tingling Unpredictable Other: T5-50%(intermittent) 50-25%(occasional) 0-25%(infrequent) What makes your symptoms worse? (circle all that apply) Sitting Standing Bending Walking Running Squatting Drivin Up stairs Down stairs Lying down Lifting Overhead Pushing Pulling In the AM At night As the day progresses Other: What makes your symptoms better? (circle all that apply) Sitting Standing Bending Walking Running Squatting Driving In the AM At night As the day progresses Other: What makes your symptoms better? (circle all that apply) Sitting Standing Bending Walking Running Squatting Driving Driving Standing Standing Bending Walking Running Squatting Driving Driving Standing Bending Walking Running Squatting Driving Driving Standing Bending Walking Running Squatting Driving Driving Driving Standing Bending Walking Running Squatting Driving Driving Driving Driving Driving Driving Standing Bending Walking Running Squatting Driving Dr	Patient Name:	:				Date:	
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List results of x-rays, MRI, etc	Sitting Up stairs	Standing Down stairs	Bending \\ Lying down \ \lambda	Walking Lifting	Overhead	Pushing	Pulling
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	What is your	current level	of activity/exercise	e?			

,		e all that apply			ast issue
Allergies	Headach		•	Pain at night	
Anemia	Heart D	isease		Pain with Cough/Sneeze	
Asthma	Heart Pa	alpations		Polio	
Autoimmune	Hernia	•		Rheumatoid Arthritis	
Balance probl	High Blo	od Pres	sure	Shortness of breath	
Bowel/bladde	Low Blo			Skin Abnormalities	
Cancer	Kidney F	Problems	6	Smoking History	
Chest pain	Major ill			Seizures	
Concussion	Migraine			Stroke	
Diabetes I or	Multiple		s	Unexpected weight change	
Difficulty slee	Numbne			Urine Leakage	
Dizziness		Osteoar	_	J	Vision problems
Depression		Osteopo	orosis		Weakness in arms or legs
Fibromyalgia		Pacemak	ær		Other
Previous Surger	ries or Hospits	alizations:			
I		unzacions.			Date:
2					Date:
Previous Injurie I	-	•			
2					
Current Medica					
Name		Frequency	Route		
INAIIIE	Dose	Trequency	Route	Reason taking:	
INATITE	Dose	Trequency	Noute	Reason taking:	
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Ivaille	Dose	Trequency	Noute	Reason taking:	
Please identify (up to three im	portant activ	ities tha	t you are unable	e to do or are having difficulty to perform, 10 = no problem
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List any other information or comments that might be helpful: