Yellowstone Physical Therapy

Name:			
Referring Physician:		Scale	
Diagnosis, if known:			(63)
Date of Injury and/or Surgery:	No pain	0	$(, \bigcirc \bigcirc)$
Due to Motor Vehicle or Work?			
Height: Weight:		1	
Mark your area of pain on the body below and circle your level of pain on the scale to the right.	Mild, annoying pain	2	(00)
		3	
Se Se	Nagging, uncomfortable, troublesome pain	4	(0.00)
Right Left Right	Distressing, miserable pain	6	(ô)
	Intense, dreadful, horrible pain	8	(20g)
	Worst possible, unbearable, excruciating pain	9	1001
Surgeries, injuries, prior physical therapy (Ple	ease Include Dates)		
•			
Relevant medical history (any bone & joint preetc.)	oblems, high blood pressu	ıre, cance	ers, diabetes, strokes,
•			
•			
•			
Have you fallen in the past six months? Yes	□ No □ If yes, h	ow many	times?
Do you have a pacemaker □, defibrillator □	□ or metal implants □ ?	(Check al	I that apply)
Do you have allergies or skin sensitivities to t	ape, adhesives or latex?	Yes □	No 🗆
AII :	fields required		

Medications & Dosages

Medication	Dosage
	Sugares, injurier, prior physical Larany Planus In
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