

Hereford Physical Therapy and Sports Medicine

Do you have pain?

Y

N

If so, in what area is your pain?

Pain Level on scale 0 - 10 No Pain 0 1 2 3 4 5 6 7 8 9 10 Emergency Room Pain

At best _____ At Worst _____ Average _____

Nature of Pain Sharp Shooting Dull achey Burning Numbness Tingling

Frequency Constant Occasional Intermittent

What activities are the most difficult for you at this time:

What is your goal for Physical Therapy?

Right now, I feel I am getting (circle)

Better

Worse

Staying the same

Patient Signature:

Date:

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