

2409 North 45th Street • Seattle, WA 98103
206.633.8100 • Fax 206.632.1420

www.seattleorthopediccenter.com

OT / PT Demographics

Name: _____ Age: _____ M F Date: _____

Physician: _____ Diagnosis: _____

Date of Surgery: _____ Date of Injury: _____ Physician's Restrictions: _____

Occupation: _____ Work Status: Off Since: _____ Full Time / Part Time / Light Duty

Complaints: _____

How Did Injury Occur: Gradual / Traumatic / Insidious (explain) _____

Is Injury: Improving / Unchanged / Worsening _____

Previous Injuries / Treatment: _____

Other Medical Conditions: _____

Current Medications: _____

Tests / (X-Ray, MRI): X-Ray, Results: _____

MRI, Results: _____

Physical Activities (please check those unable to perform):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Lifting groceries | <input type="checkbox"/> Opening jars | <input type="checkbox"/> Sweeping/vacuuming | <input type="checkbox"/> Writing/typing |
| <input type="checkbox"/> Lifting a suitcase/briefcase | <input type="checkbox"/> Doing dishes | <input type="checkbox"/> Eating | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Removing clothes from washer | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Food preparation | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Pouring from a pitcher | <input type="checkbox"/> Turning doorknobs | <input type="checkbox"/> Cutting with a knife | <input type="checkbox"/> Tying shoes |
| <input type="checkbox"/> Using a screwdriver/hammer | <input type="checkbox"/> Driving | <input type="checkbox"/> Zipping/buttoning | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Stairs (climbing/descending) | <input type="checkbox"/> Squatting | <input type="checkbox"/> Sitting | <input type="checkbox"/> Running |
| <input type="checkbox"/> Climbing ladder | <input type="checkbox"/> Kneeling | | <input type="checkbox"/> _____ |

What Makes Symptoms Worse: _____

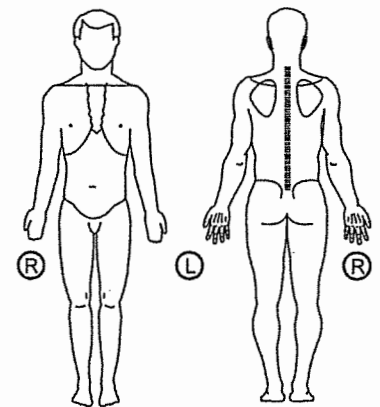
What Makes Symptoms Better: _____

Disturbed Sleep: yes / no

Sleeping Postitions: face down / face up / right side / left side

Mark area of symptoms on chart below:

Handedness: (R) (L)



Pain Intensity: (0 = no pain, 10 = emergency room)

0 ----- 10

Constant / Intermittent