The Everett Clinic
For the whole you.
3901 Hoyt Avenue ■ Everett, WA 98201 ■ 425-259-0966

Physical Therapy Pre-Exam Questionnaire

In order for us to evaluate your condition fully, please be as accurate as possible. Thank you!

Name: ______________________________ DOB: _____/____/________

1. Have you had physical therapy before? * No * Yes (Where)____________________________

2. Daily Activities: Occupation_______________________ Student (Grade & School)______________________

3. Living Environment: Do you live in a Home / Apartment? Stairs to enter?______ Stairs in home?____

4. Where is your pain/problem? __________________________ Draw pattern on diagrams below ⤋

X=Pain
0 = Numbness
#= Tingling

5. What caused your pain/or problem?____

Is this an MVA? * No * Yes Is this an L & I Claim? * No * Yes (Number)_____________

6. Approximately when did it start (date)? _____/_____/_________

7. Is it getting worse, better, or staying the same? __________________________

8. Have you ever had this pain/problem before? ▪ Yes ▪ No

9. Is your pain constant (never goes away)? ▪ Yes ▪ No

10. What aggravates your pain (makes it worse)?____________________________

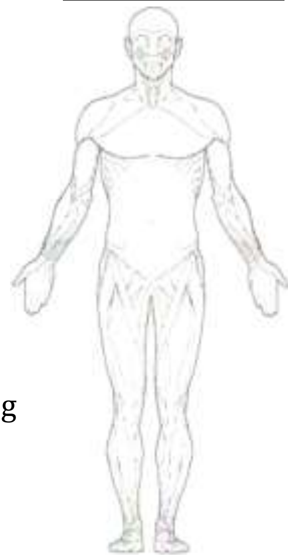
11. What alleviates your pain (makes it better)?_____________________________

12. How would you describe your pain? Deep / Sharp / Dull / Achy / Burning / Throbbing

13. On the scale below circle your worst pain level in the past couple of days:

Mild *Moderate* *Severe*

0 . . . . 1 . . . . 2 . . . . 3 . . . . 4 . . . . 5 . . . . 6 . . . . 7 . . . . 8 . . . . 9 10



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14. Are any of your usual everyday activities affected? ▪ Yes ▪ No Is sleep affected * Yes * No

- If yes above, describe (sleep, exercise, etc):____

15. Are you taking any medication? ▪ Yes ▪ No Does it help? * Yes * No

- If yes, what and dosages?____

16. Are you currently pregnant? * No * Yes (Due Date if Yes) ______/____/________

17. What are your goals?

A.____________________________ C.__________________________

B.____________________________ D.__________________________

I verify that the above information is truthful and accurate and I consent to evaluation and treatment by Everett Clinic Physical Therapy.

Signature: ________________________________ Date:_____/____/______