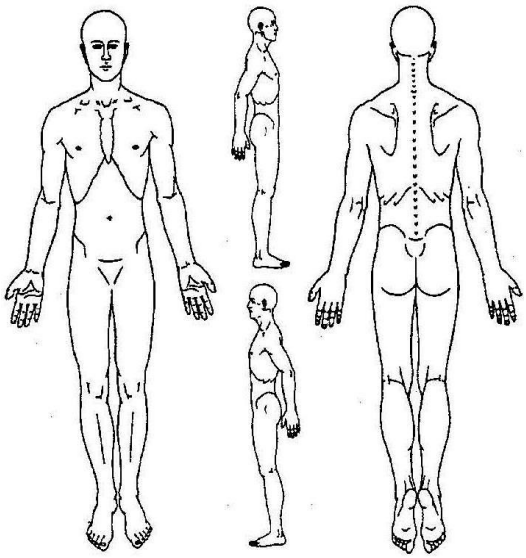
SportsCare Physical Therapy
"For the Athlete in All of Us"

ARMWORKS HAND THERAPY



Date: _____ Name: _____

Date of birth: _____ Height: _____ Weight: _____

Date of symptom onset, injury or surgery: _____

Please indicate on the diagram where your pain is located. Briefly describe how the injury occurred (home/work/sports/school/MVA) and your current symptoms: _____
_____
_____

(If work related) Employer and job title: _____

Currently working: Yes / No Work restrictions: _____

Pre-injury lifting requirements: Lift (pounds): _____ Push (pounds): _____ Pull (pounds): _____

Please circle and label your (C) current pain level, (W) worst pain level and (L) least pain level experienced this week:

(No pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst pain)

List specific activities and/or times of the day that makes your pain worse: _____
_____

Have you had any of the following tests performed for this problem?
□ X-ray □ MRI □ CT Scan □ Bone Scan □ Arthrogram □ Lab Tests □ Other: _____

Do any of the following conditions apply to your past or current state of health?

□ Coronary Heart Disease	□ Heart Attack	□ Diabetes	□ Bowel/Bladder Problems	□ Epilepsy
□ Congenital Heart Disease	□ Stroke	□ Angina	□ Recent Weight Loss	□ Osteoporosis
□ Dizziness/Fainting	□ Hernia	□ Pacemaker	□ High Blood Pressure	□ Infectious Disease
□ Congestive Heart Failure	□ Cancer	□ Emphysema	□ Shortness of Breath	□ Asthma
□ Peripheral Vascular Disease	□ Allergies	□ COPD	□ Systemic Disease	□ Eating Disorder
□ Irregular Heartbeats/Murmurs	□ Pregnant	□ HIV		

Please list any past surgeries/injuries you have had (relevant to current injury) with date: _____
_____

Please list all prescription and non-prescription medications you are currently taking: _____
_____

Have you had previous physical therapy for this injury? Yes / No? Where? _____

What are your expectations/goals of treatment? _____

How did you hear about SportsCare Physical Therapy or Armworks Hand Therapy?

□ Doctor Referral □ Friend/Family □ Repeat Patient □ Website □ Google □ Yelp □ Facebook □ Instagram
□ Email □ HS Athletic Trainer: _____ □ Event: _____ □ Other: _____

Beaverton
15390 NW Cornell Rd. Ste 230
Beaverton, OR 97006
P: 971.245.6663

Clackamas
10121 SE Sunnyside Rd. Ste. 208
Clackamas, OR 97015
P: 503.794.0103

Gresham
24076 SE Stark St. Ste. 200
Gresham, OR 97030
P: 503.491.1666

NE Portland
10748 NE Halsey St.
Portland, OR 97220
P: 503.257.9881