

Joint Effort Physical Therapy

What brings you in for physical therapy today?

Location of pain or injury _____

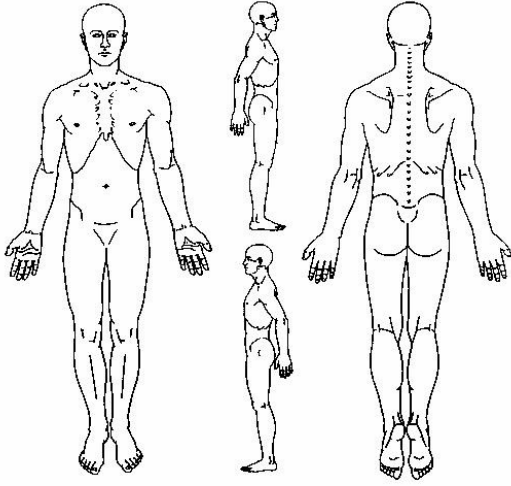
Cause of pain or injury _____

Date injured or noticed the pain _____

Your primary care physician _____

Are you allergic to latex? Yes _____ No _____ Do you have any other allergies? _____

Have you had any physical therapy this calendar year? Yes _____ No _____



If you are experiencing pain, please indicate the location of the pain on the body diagram with an "X"

If you are experiencing numbness, please indicate the location of the numbness on the body diagram with an "O"

What is your pain level:

- At best _____/10
- At worst _____/10
- On average _____/10

Describe the activities that provoke your pain:

Describe the activities that alleviate your pain:

I hereby authorize the therapists at Joint Effort Physical Therapy to perform the treatments or procedures approved by my referring physician. I acknowledge that no guarantees, either expressed or implied, have been made to me regarding the outcome of any treatments and/or procedures. I fully understand that it is impossible to make any guarantees regarding the outcome of any medical treatment or procedure. I give my permission to release any medical records to my insurance carrier(s) to secure payment for physical therapy services rendered. I acknowledge receipt of Joint Effort Physical Therapy Notice of Privacy Policy. I acknowledge that I have reviewed the attendance policy.

Signature: _____ Date: _____

Joint Effort Physical Therapy is owned by Saperia Orthopaedics & Sports Medicine.