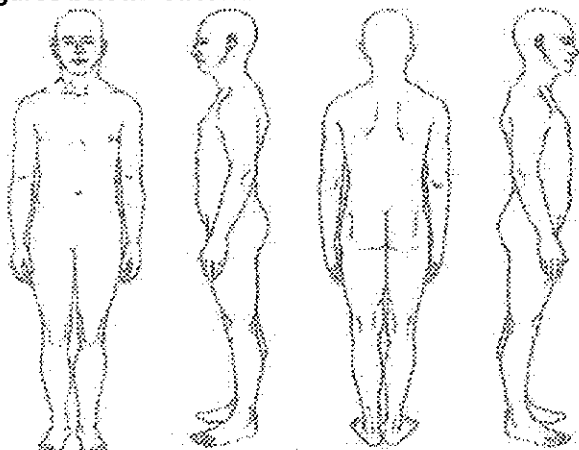


PLEASE PRINT

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Injury \_\_\_\_\_ Insurance ID# \_\_\_\_\_

A. Please identify current symptoms of muscle or joint pain ( P ) stiffness ( S ) or numbness or tingling ( N ) on the figures below. CIRCLE the area around each letter representing the size and shape of each location



**B. Pain Scale:** On a scale of 1-10  
(1=no pain and 10=unbearable pain)  
What level is your pain today?

1]-----[10

**Activities Scale:** On a scale of 1-10  
(1=CAN do anything you want  
and 10= CANNOT do anything)

What limitations are you experiencing today?

1]-----[10

C. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----FOR THERAPIST USE ONLY-----

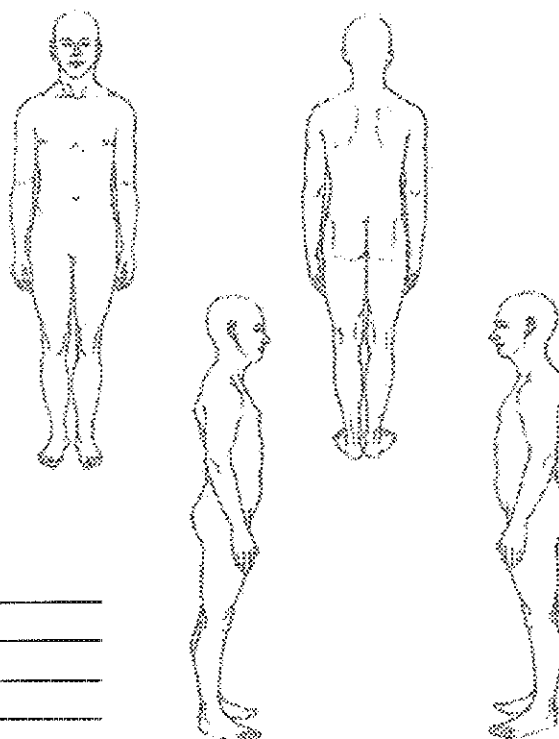
S: SYMPTOMS: LOCATION/INTENSITY/ONSET/ FREQ/DURATION      Massage/ 97124      HOT/COLD/97010      RX of

1 2 3 4 5 6

1 2 3 4 5 6

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



O: FINDINGS VISUAL OR PALPABLE

R	L	BL	_____ Δ _____	ADH	HT	TP
R	L	BL	_____ Δ _____	ADH	HT	TP
R	L	BL	_____ Δ _____	ADH	HT	TP
R	L	BL	_____ Δ _____	ADH	HT	TP
R	L	BL	_____ Δ _____	ADH	HT	TP
R	L	BL	_____ Δ _____	ADH	HT	TP
R	L	BL	_____ Δ _____	ADH	HT	TP
R	L	BL	_____ Δ _____	ADH	HT	TP

A: DT \_\_\_ FBSW \_\_\_ MLD \_\_\_ XXF \_\_\_ MFR \_\_\_ OTHER \_\_\_\_\_

P: Cont as RX \_\_\_ 1x/ wk for \_\_\_ 2x/wk for \_\_\_ PRN

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LMP SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_