

Injury Information



Name: _____

Date: _____

Age: _____

Please describe the issue that you are coming in for today. If you have undergone a surgery for this body part, please write down the surgery that was performed, the date it was performed and the name of the physician that performed the surgery:

When did your symptoms start?

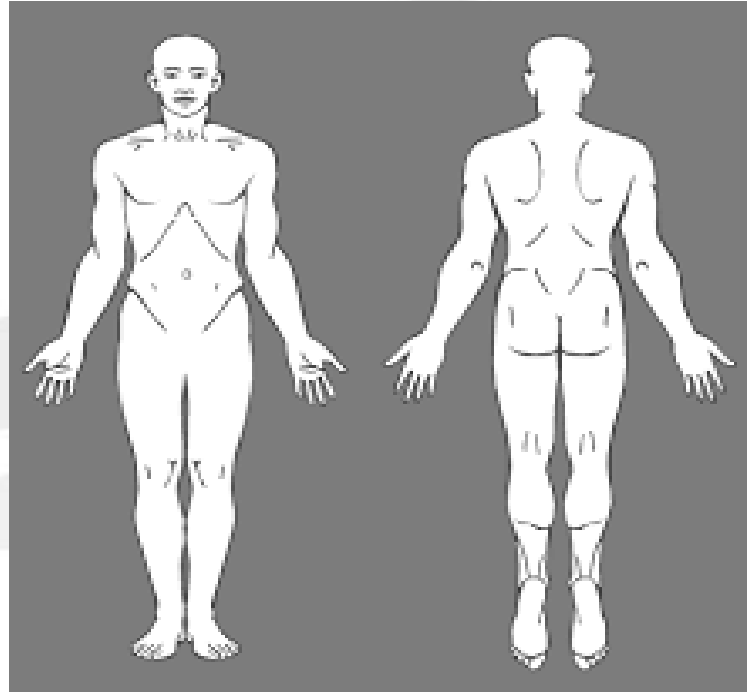
Have you previously received treatment for the condition we are seeing you for today? If so, what treatment have you received and did it help?

Do you have any other medical conditions that we should be aware of before initiating physical therapy treatment? If so, please describe.

Do you consent to having dry needling performed as part of your treatment? (dry needling is only performed if your clinician thinks it will assist in your rehabilitation process and, of course, is not mandatory).

Yes No Maybe (I want more info)

Please mark your area(s) of pain on the diagram below:



For the following items, please use a 10-point scale with 0 being no pain and 10 being pain that requires you to go to the emergency room:

If this is not applicable to your symptoms, please disregard this section.

What is your pain at its worst? _____

What is your pain at its best? _____

PLEASE USE THE ADDITIONAL SPACE ON THIS FORM TO LIST ANY FURTHER QUESTIONS, CONCERNS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF PRIOR TO TREATMENT. Thank you, Mondo Sports Therapy.

Please verify that all of the information provided is accurate to the best of your knowledge and that you consent to treatment by Mondo Sports Therapy for this condition.

Patient signature (adult if minor): _____