



GP THERAPY, LLC D.B.A.

# GERMANTOWN PHYSICAL THERAPY

Telephone 301-916-0164

Facsimile 301-540-0722

**Patient:** \_\_\_\_\_ **Region: Back**

1. Describe your pain (sharp, dull, radiating, etc) \_\_\_\_\_
2. When and how did it start? \_\_\_\_\_
3. What makes it better? Worse? \_\_\_\_\_
4. Have you had other treatment for this condition? If so, what kind? \_\_\_\_\_
5. Rate your average pain intensity over the past week on the 0 to 10 scale with 10 being the worst pain imaginable. \_\_\_\_/10
6. Average number of times you wake each night due to **back** pain. \_\_\_\_\_
7. Sitting tolerance is \_\_\_\_\_ minutes.
8. Driving tolerance is \_\_\_\_\_ minutes.
9. Standing tolerance is \_\_\_\_\_ minutes.
10. Walking tolerance is \_\_\_\_\_ minutes.

*For questions 11 through 19, circle the number that best describes your level of difficulty with the following activities. 0 indicates no difficulty, whereas 10 indicates the inability to perform the activity at all.*

	No Difficulty										Extreme Difficulty											
11. Stair climbing	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
12. Getting in/out of car	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
13. Coming to stand from sitting	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
14. Turning over in bed	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
15. Dressing (shoes, socks, pants, etc.)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
16. Washing (feet, legs, etc.)	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
17. House cleaning	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
18. Traveling	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
19. Social life	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

20. What is your current occupation? \_\_\_\_\_

21. Does your pain affect your occupation? If so, how? \_\_\_\_\_  
\_\_\_\_\_

22. Does your pain affect home life? If so, how? \_\_\_\_\_  
\_\_\_\_\_

23. Does your pain affect your recreation/leisure/sports? If so, how? \_\_\_\_\_  
\_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_