

## Health Questionnaire

Please print out, fill in and bring with you to your first physical therapy appointment. Please also bring or wear loose or comfortable clothing. If you have been referred to therapy by an MD, please bring in the prescription. Mahalo.

### Patient Information

Last Name:

First Name:

Date of Birth:

M / F

Address:

City & zip:

Phone:

Referring Physician (if any):

Date:

Signature:

# LAPA'AU LLC , Physical therapy @ FITLAB

PO. BOX 616, HANALEI, HI 96714 [www.hanaleitherapy.com](http://www.hanaleitherapy.com) 808-212-4872

1. What are you being seen for today?

2. On a scale from 0-10, **0 being no pain**, and **10 being the worst pain** you could imagine, can you rate your pain:

**0**



**10**



- today:
- originally:
- at rest (no movement):
- with movement:

3. Which movements or activities cause you pain, or make your pain worse?

sitting  walking  standing  bending down  lying down  moving  turning your head, other: \_\_\_\_\_

4. Which movements or activities make you feel better:

sitting  walking  standing  bending down  lying down  moving  turning your head

5. Have you had any recent or related surgeries? (please list and give approx date):

\_\_\_\_\_

6. Please list any medications you are taking: \_\_\_\_\_

\_\_\_\_\_

7. Do you exercise, participate in sports, or do any other activities regularly? Please list type and frequency: \_\_\_\_\_

8. Hobbies? \_\_\_\_\_

9. Do you have any symptoms of tingling or numbness?(if yes, where): \_\_\_\_\_

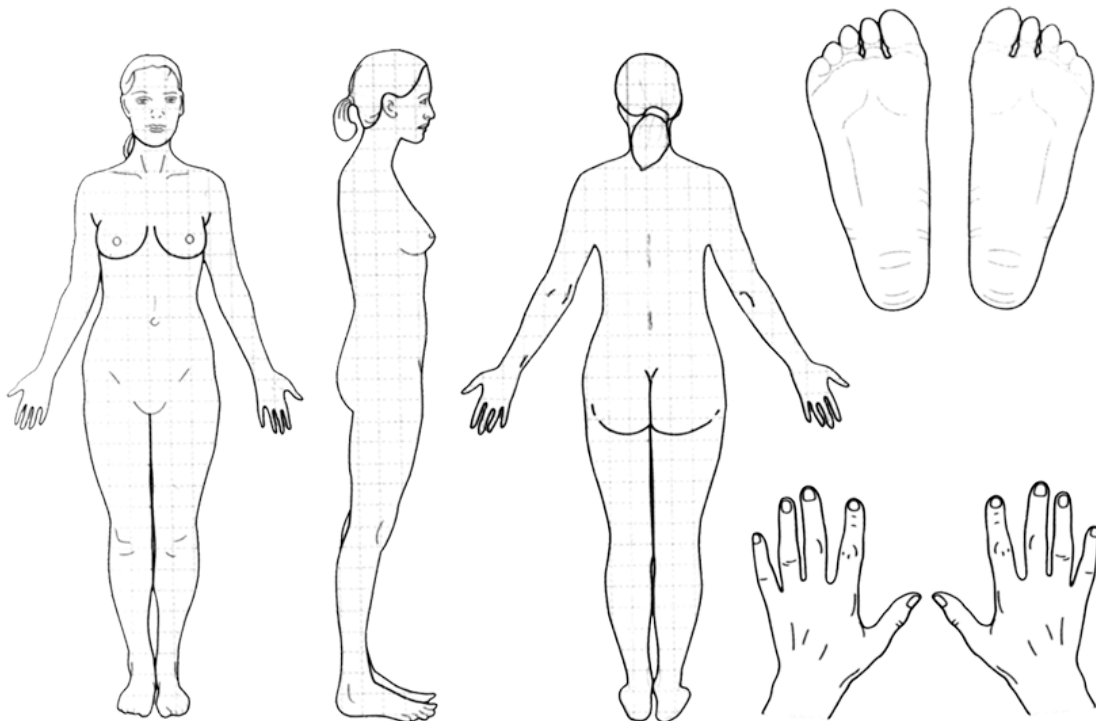
10. Any bladder or bowel changes? \_\_\_\_\_ 11. Presently pregnant? \_\_\_\_\_

Medical History/Problems:

- Heart
- Lungs
- Diabetes
- Cancer

Other: \_\_\_\_\_

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



*Mahalo!*