Date: [Reason for visit (pain, balanc															
Reason for visit (pain, balanc Height:	Weight:	Осс	upati	on: _											
Were you scheduled for your schedule?	evaluation in a tir	nely m	annei	ر؟		_ If N	No, ho	ow m	any c	lays c	did it 1	ake			
Activity						er: CURRENT Rating									
We want to know your goals to hel care. Please list important activitie unable to do or are having difficulty	es that you are	0 = Unable to perform activity				10 = Able to perform activity at same level as before injury or problem									
WHAT ACTIVITIES DO YOU H. WITH BECAUSE OF YOUR PRO								ριο	DICII	•					
List up to 3 activities below.		0	1	2	3	4	5	6	7	8	9	10			
1.															
2.															
3.															
															
	(check all that a	nnlv):				<u> </u>									
Currently I am experiencing						□Ur	l nexpla	ined v	l weigh	t loss					
Currently I am experiencing Fever/chills/sweats	☐Poor balan	ce (falls)				l nexpla fficulty		_						
Currently I am experiencing		ce (falls appetit) :e			Di	l nexpla fficulty zzines	y swal	_		1				
Currently I am experiencing Fever/chills/sweats Numbness or Tingling	☐Poor balan☐Changes in	ce (falls appetit of breat) :e h			☐ Di	fficult	y swal s	llowin	ıg					
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression	☐Poor balan☐Changes in☐Shortness	ce (falls appetit of breat omiting) :e h			□ Di	fficult zzines	y swal s d pair	llowin	ig ight	thinki	ng			
Currently I am experiencing ☐ Fever/chills/sweats ☐ Numbness or Tingling ☐ Depression ☐ Headaches	□Poor balan □Changes in □Shortness (□Nausea /Vo	ce (falls appetit of breat omiting) :e h			□ Di	fficult zzines crease	y swal s d pair	llowin	ig ight	thinki	ng			
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression Headaches Fatigue Changes in bowel or bladder	□ Poor balan □ Changes in □ Shortness o □ Nausea /Vo □ Difficulty s	ce (falls appetit of breat omiting leeping) re h	be a	ware	□ Dit	fficult zzines crease	y swal s d pair	llowin	ig ight	thinki	ng			
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression Headaches Fatigue Changes in bowel or bladder function	□ Poor balan □ Changes in □ Shortness o □ Nausea /Vo □ Difficulty s	ce (falls appetit of breat omiting leeping) re h	be a	ware	Diff	fficult zzines crease	y swal s ed pair y cond	llowin	ight ating,	thinki	ng			
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression Headaches Fatigue Changes in bowel or bladder function Please circle any medical or	□ Poor balan □ Changes in □ Shortness o □ Nausea /Vo □ Difficulty s	ce (falls appetit of breat omiting leeping) re h	be a	ware	Diff	fficulty zzines crease fficulty	y swal s d pair y cond	llowin n at n centra	ight ating,	thinki	ng			
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression Headaches Fatigue Changes in bowel or bladder function Please circle any medical or Arthritis Blood Clots Blood disease	□ Poor balan □ Changes in □ Shortness o □ Nausea /Vo □ Difficulty s r surgical history □ Heart Cor □ Hernia □ High Bloo	ce (falls appetit of breat omiting leeping we should be) re h ould	be a	ware	Diff	fficulty zzines crease fficulty Spir Strc	y swal s d pair y cond nal co bke/TI roid d	llowin n at n centra rd inju A lisord	ight ating, ury er	thinki	ng			
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression Headaches Fatigue Changes in bowel or bladder function Please circle any medical or Arthritis Blood Clots Blood disease Cancer	□ Poor balan □ Changes in □ Shortness of □ Nausea /Vo □ Difficulty s r surgical history □ Heart Cor □ Hernia □ High Blood □ High Chol	ce (falls appetit of breat omiting leeping we should be appeared by the control of the control o) :e h ould ure		ware	Diff	Spir Strog Thy	y swal s d pair y cond nal col bke/TI roid d on Pro	llowir n at n centra rd inju A lisord oblem	ight ight ating, ury er as	thinki	ng			
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression Headaches Fatigue Changes in bowel or bladder function Please circle any medical or Arthritis Blood Clots Blood disease Cancer Diabetes	Poor balan Changes in Shortness Nausea /V Difficulty s surgical history Heart Cor Hernia High Bloc Kidney Di	ce (falls appetit of breat printing leeping we should be appeared by the control of the control	ee h ould ure	S	ware	Diff	Spir Strouty Spir Strouty Thy Wisi	y swal s d pair y cond nal con bke/TI roid d on Pro mory	llowir n at n centra rd inju A lisord oblem	ight ight ating, ury er as	thinki	ng			
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression Headaches Fatigue Changes in bowel or bladder function Please circle any medical or Arthritis Blood Clots Blood disease Cancer Diabetes Drug-resistant infection	□ Poor balan □ Changes in □ Shortness of □ Nausea /Vo □ Difficulty s r surgical history □ Heart Cor □ Hernia □ High Blood □ Kidney Di □ Liver dise	ce (falls appetit of breat omiting leeping we should be appeared by the control of the control o	ee h ould ure	S	ware	Diff	Spir Stroy Thy Visic	y swal s d pair y cond bke/TI roid d on Pro mory er:	rd inju A lisord oblem	ight ating, ury er as ems					
Currently I am experiencing Fever/chills/sweats Numbness or Tingling Depression Headaches Fatigue Changes in bowel or bladder function Please circle any medical or Arthritis Blood Clots Blood disease Cancer Diabetes	Poor balan Changes in Shortness Nausea /V Difficulty s surgical history Heart Cor Hernia High Bloc Kidney Di	ce (falls appetit of breat omiting leeping we should be asse/Dasse/Hepema	ould ure Dialysis	S	ware	Diff	Spir Strouty Spir Strouty Thy Wisi	y swal s d pain y cond oke/TI roid d on Pro mory er: you p	rd inju A lisord Dblem Problem	ight ating, er as ems		?			



<u>Falls</u>		
Are you worried about falling or losing your balance	2?	
How many falls or near-falls have you had in the pa	st 6 months?	
Padu Charti	(Left) – Back – (Right)	(Right) – Front – (Left
Body Chart:		
On the body diagrams to the right, please mark		
the areas where you have symptoms:	{ }	
Circle any that annly		\mathcal{L}
Circle any that apply: Shooting/sharp pain		
Dull/aching pain	(, ,)	() • • ()
Numbness)) / (
Tingling		/ /
89		
My symptoms currently:		/((\ \ \)
☐ Come and go		
☐ Are constant	\	\
☐ Are constant, but change with activity) } {	
	(Y)	(() \
	\ /\ /	\
		\
	/?{\	///
		₩ W
My symptoms are worse with:		
My symptoms are better with:		<u> </u>
Please rate your pain 0-10/10 over the last couple o	lays/weeks. 0=no pain, 10=w	orst pain
imaginable.		
Dain currently:		
Pain currently: Pain at lowest:		
Pain at lowest:		
r um de mgnese.		
What do you do in your free time/what are your ho	bbies?	
What is a realistic goal that you would like to achiev	ve with therapy?	
Is there anything else you would like for us to be aw	vare of?	

