

**Cascade Medical Rehabilitation Services** 

817 Commercial St., Leavenworth WA 98826

(509) 548-3421

## MEDICAL PROFILE QUESTIONNAIRE

Name:		Age:	Oc	cupation:
PRESENT SYMPTOMS:		Email:		
Please describe your complaints:				
LOCATION/RADIATION: Where is your pain?				
Using the suggested symbols to the	right, please m	ark the area where	e you feel pain.	
_	Pain: circle area Numbness:         Pins/Needles: Shooting Pain:			
CHRONOLOGY/TIMING ONSET:				
How long have symptoms been pres	ent?			
Is this the first episode? Yes If no, when have you had sin	No nilar symptom:	5?		tor an Art we
How did you get hurt?				
QUALITY			28	
Pain Type Sharp Superficial	Achi Deej	-	rning Thro diating Ting	bbing lingNumb
Pattern since onset:	Bett	erWo	orse Sam	eFluctuating
Pain/symptoms present in: Pain/symptoms worst in: Pain/symptoms least in:	Mor Mor Mor	ning Mi	d-Day Ever d-Day Ever d-Day Ever	ning Night
Does it keep you awake? Does it wake you up? Describe your sleeping position:	Yes No Yes No			
FACTORS THAT INFLUENCE YOUR What activities/positions make you f			rest, activity, walk, etc.	)
What activities/positions make you f	eel better?			
Have you had any treatment for this	episode?			
Have you had any diagnostic testing, If yes, please list:	-	I, CT scan, etc.?	Yes No	

Who are you currently seeing for this and any other conditions?

- A: Family Practice E: Cardiologist
- B: Internist
- F: Pediatrician
- C: Orthopedist
- D: Neurologist
- G: Podiatrist
- H: Chiropractor

- I: Osteopath
- J: O/B Gynecologist
- K: Massage Therapist
- L: Acupuncturist

Have you had previous physical therapy for this problem?

No

Yes

LIST YOUR LEISURE ACTIVITIES (Circle those affected by your current problem.)

## **GENERAL MEDICAL**

Have you, or anyone in your **immediate** family, EVER been diagnosed with any of the following conditions?

A: Cancer       If yes, describe what kindYes       Yes       Yes       Yes         B: Heart problems       Yes       Yes       Yes       Yes         C: High blood pressure       Yes       Yes       Yes       Yes         D: Asthma.       Yes       Yes       Yes       Yes         E: Emphysema       Yes       Yes       Yes       Yes         F: Chemical dependency: (i.g. alcoholism)       Yes       Yes       Yes         G: Thyroid problems       Yes       Yes       Yes         H: Diabetes       Yes       Yes       Yes         J: Rheumatoid arthritis       Yes       Yes       Yes         J: Rheumatoid arthritis       Yes       Yes       Yes         L: Depression       Yes       Yes       Yes       Yes         M: Hepatitis       Yes       Yes       Yes       Yes         N: Tuberculosis       Yes       Yes       Yes       Yes         Q: Anemia       Yes       Yes       Yes       Yes         S: Insomnia       Yes       Yes       Yes       Yes         U: Mental Health/Psychiatric       Yes       Yes       Yes       Yes         List any surgeries		You	Family	If family, WHO
B:       Heart problems       Yes       Yes         C:       High blood pressure.       Yes       Yes         D:       Asthma       Yes       Yes         E:       Emphysema       Yes       Yes         F:       Chemical dependency: (i.g. alcoholism)       Yes       Yes         G:       Thyroid problems       Yes       Yes         H:       Diabetes       Yes       Yes         I:       Multiple Sclerosis       Yes       Yes         J:       Rheumatoid arthritis       Yes       Yes         J:       Rheumatoid arthritis       Yes       Yes         L:       Depression       Yes       Yes         M:       Hepatitis       Yes       Yes         N:       Tuberculosis       Yes       Yes         O:       Stroke       Yes       Yes         P:       Kidney disease       Yes       Yes         Q:       Anemia       Yes       Yes         S:       Insomnia       Yes       Yes         S:       Insomnia       Yes       Yes         U:       Mental Health/Psychiatric       Yes       Yes         U:       M	A:			
C:       High blood pressure       Yes       Yes         D:       Asthma       Yes       Yes         E:       Emphysema       Yes       Yes         F:       Chemical dependency: (i.g. alcoholism)       Yes       Yes         G:       Thyroid problems       Yes       Yes         H:       Diabetes       Yes       Yes         I:       Multiple Sclerosis       Yes       Yes         J:       Rheumatoid arthritis       Yes       Yes         J:       Rheumatoid arthritis       Yes       Yes         L:       Depression       Yes       Yes         M:       Hepatitis       Yes       Yes         N:       Tuberculosis       Yes       Yes         O:       Stroke       Yes       Yes         P:       Kidney disease       Yes       Yes         Q:       Anemia       Yes       Yes         Q:       Anemia       Yes       Yes         S:       Insomnia       Yes       Yes         Q:       Anemia       Yes       Yes         S:       Insomnia       Yes       Yes         U:       Mental Health/Psychiatric <td></td> <td>If yes, describe what kindYes</td> <td>Yes</td> <td></td>		If yes, describe what kindYes	Yes	
D:       Asthma	В:	Heart problemsYes	Yes	
E:       Emphysema	C:	High blood pressureYes	Yes	
F:       Chemical dependency: (i.g. alcoholism)	D:	AsthmaYes	Yes	
G:       Thyroid problems	E:	EmphysemaYes	Yes	
H:       Diabetes	F:	Chemical dependency: ( i.g. alcoholism)Yes	Yes	
I:       Multiple Sclerosis	G:	Thyroid problems Yes	Yes	
J:       Rheumatoid arthritis.       Yes       Yes         K:       Other arthritic problems.       Yes       Yes         L:       Depression.       Yes       Yes         M:       Hepatitis.       Yes       Yes         N:       Tuberculosis.       Yes       Yes         O:       Stroke.       Yes       Yes         P:       Kidney disease.       Yes       Yes         Q:       Anemia.       Yes       Yes         R:       Epilepsy.       Yes       Yes         S:       Insomnia.       Yes       Yes         G:       Mental Health/Psychiatric.       Yes       Yes         U:       Mental Health/Psychiatric.       Yes       Yes         List any surgeries	Н:	DiabetesYes	Yes	
K:       Other arthritic problems	l:	Multiple Sclerosis Yes	Yes	
L:       Depression	J:	Rheumatoid arthritisYes	Yes	
M:       Hepatitis	К:	Other arthritic problems	Yes	
N:       Tuberculosis	L:	DepressionYes	Yes	
O:       Stroke	M:	HepatitisYes	Yes	
P:       Kidney disease	N:	TuberculosisYes	Yes	
Q; Anemia	0:	StrokeYes	Yes	
R:       Epilepsy	P:	Kidney disease Yes	Yes	
S: InsomniaYes Yes T: Constipation/DiarrheaYes Yes U: Mental Health/PsychiatricYes Yes List any surgeries List any allergies	Q;	AnemiaYes	Yes	
T:       Constipation/DiarrheaYes       Yes         U:       Mental Health/PsychiatricYes       Yes         List any surgeries       Yes         List any allergies       Yes	R:	EpilepsyYes	Yes	
U: Mental Health/PsychiatricYes Yes List any surgeries List any allergies	S:	InsomniaYes	Yes	
List any surgeries	T:	Constipation/DiarrheaYes	Yes	
List any allergies	U:	Mental Health/PsychiatricYes	Yes	
		List any surgeries		
List medications you are currently taking		List any allergies		
		List medications you are currently taking		