

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		