



ERA Physical Therapy

707 Lake Cook Rd
Deerfield, IL 60015

Phone: (847)630-2541
Fax: (847)498-4158

Interview

Name:

Date:

What is your chief complaint?

How did it start? Injury? When did it happen?

If not an injury, how and when did it start?

What is the level of your pain on a scale of 1-10? Are you taking any pain-killers? Which?

What are your limitations?

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In what activities is the pain (or other disabilities) manifested?

X-ray? MRI? Other? Results?

What was your activity level before the injury? Describe:

What is your occupation (office/physical work)? If retired, from what?

Recreational activities? Hobbies?

What are your goals from physical therapy?

Are you aware of your insurance benefits?

Whom should we send a thank-you note (how did you hear about us)?

Please be educated regarding the risks, benefits and alternatives to mobilization and have a consent to the treatment.
