



## ERA Physical Therapy

### INTERVIEW

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is your chief complaint?

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

If not an injury, how did it start?

What is the level of your pain on a scale of 0-10? Are you taking pain-killers? Which?

What are your limitations?

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

X-ray? MRI? Other? Results?

What was your activity level before the injury? Describe:

What is your occupation? Office work? Physical work?

Recreational activities? Hobbies?

What are your goals from physical therapy?

Are you aware of your insurance benefits?

Whom shall we send a thank you note, (how did you hear about us)?

Patient will be educated regarding the risks, benefits and alternatives to mobilization and had his consent to the treatment.