



Worst pain since onset: _____ Pain at best since onset: _____ Today's pain _____

Where is your pain or problem located? _____

Is your pain.... Constant Intermittent Dull Sharp Other _____

What makes your pain/problem better? _____

What makes your pain/problem worse? _____

Is there pain present at night? Y / N What position helps you sleep? _____

Have you had PT for this condition? Y / N If yes, where? _____

Have you had chiropractic services for this condition? Y / N If yes, where? _____

Therapist's Comments:

Employment History:

Are you currently working Y N If no, how many total days of work have you missed? _____

Are your work duties.... Full Restricted How many hours/week do you work? _____

Who is your employer? _____

What type of work do you do? _____

What activities in your daily life or work duties have been most affected by your problem?

What do you hope to accomplish with therapy?

Are you exercising at home? Y N If yes, what type? _____

Are you using heat or cold? Y N If yes, what type? _____

Are you wearing a sling or brace? Y N If yes, what type? _____

Do you smoke? Y N If yes, how much? _____

What type of non-work activities are you involved in? _____

When are you scheduled to see your doctor again? _____

Therapist's Comments:

Therapist Signature: _____

To the best of my knowledge and belief, the information I have given is complete and true. I hereby give my consent to receive therapy services at FIT Club, Inc.

Patient Signature: _____ Date: _____



24 HOUR CANCELLATION POLICY

24 hours notice prior to your scheduled appointment must be given to cancel your therapy/training appointment or you will be charged a \$50 cancellation fee. Rescheduled appointments with less than 24 hours notice must be rescheduled for the same week. Thank you in advance your your compliance.

I have read and understand the cancellation policy,

Signature of Client

____/____/____

Date

- *All packages are non-refundable and non-transferable
- *All training packages are good for 1 year from date of purchase
- *\$25 Returned Check Fee will be assessed for "bounced checks"