



Patient Label

311 Mapleton Ave, Boulder, CO 80304

Please fill out the entire form:

**CONFIDENTIAL MEDICAL QUESTIONNAIRE – Established**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ PCP: \_\_\_\_\_ Referred by: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Grade School \_\_\_\_\_ High School \_\_\_\_\_ Postgraduate

Do you have any cultural or spiritual beliefs that will affect treating your condition?  Yes  No If yes: \_\_\_\_\_

Do you have any physical/mental barriers that make it hard for you to learn?  Yes  No If yes: \_\_\_\_\_

How do you learn best?  Hearing information  Reading/seeing information  Having something demonstrated for you

Have you every been abused physically, verbally or sexually; harmed or felt threatened by someone at home/work?     Y     N

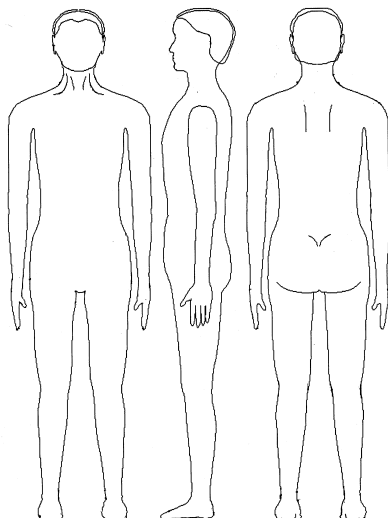
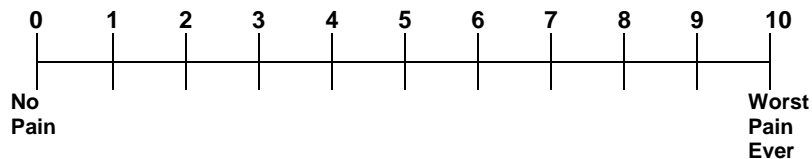
**CHIEF COMPLAINT**

Date of injury or onset of symptoms: \_\_\_\_\_

Describe the injury or problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pain:** (check all that apply)  dull  sharp  stabbing  burning  achy  throbbing  shooting  squeezing  pressure  crampy

Using the following scale, please rate how bad your pain is today:



**Where is your pain?** Mark the drawing.

What makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

Pain at Best: 0 1 2 3 4 5 6 7 8 9 10

Pain at Worst: 0 1 2 3 4 5 6 7 8 9 10

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum, bowling or playing golf:

Very Limited       Somewhat Limited       Not Limited

b. Climbing several flights of stairs:

Very Limited       Somewhat Limited       Not Limited

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- a. Accomplished less than you would like       Yes       No  
 b. Limited in the type of work/activities       Yes       No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of emotional problems (such as feeling depressed or anxious)?

- a. Accomplished less than you would like       Yes       No  
 b. Didn't do work or other activities as carefully as usual       Yes       No

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and daily household activities)?

Extremely Limited       Mostly Limited       Somewhat Limited       Slightly Limited       Not Limited

These questions pertain to how you feel and your activities during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

- a. Have you felt calm and peaceful?  
 b. Did you have a lot of energy?  
 c. Have you felt downhearted and blue?

All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	Not at All

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the Time       Most of the Time       Some of the Time       A Little of the Time       None of the Time

Please check if you have experienced any of the following over the last month:

- Fever       Stomach Pain, Heartburn       Loss of Balance  
 Weight Change (10lbs)       Nausea, Vomiting       Muscle/Joint Pain or Aches  
 Skin Problems       Constipation       Swelling of a Joint  
 Diarrhea       Muscle Weakness       Headaches  
 Shortness of Breath, Wheezing       Ears, Nose, Throat Problems       Use of Drugs Not Sold in Stores

During the past year indicate how often you performed each activity listed below when in your healthiest and most active state.

	Less than Once a Month	Once a Month	Once a Week	2 or 3 Times a Week	4 + Times a Week
Running: while playing a sport or jogging					
Cutting: changing directions while running					
Decelerating: coming to a quick stop while running					
Pivoting: turning your body with your foot planted while playing a sport—skiing, skating, kicking, throwing, hitting a ball					