

Coach House _____ Physical Therapy

Name: _____ Date: _____

Occupation: _____ Age: _____

1. Date of Accident: _____

2. Type of Accident: _____

3. Brief Description: _____

4. What insurance is involved other than health insurance? _____

5. If auto insurance is involved we will need the claim number? _____

6. If you are in pain, put an (X) in the area(s).

7. What activities cause your pain?

8. What do you do to decrease your pain?

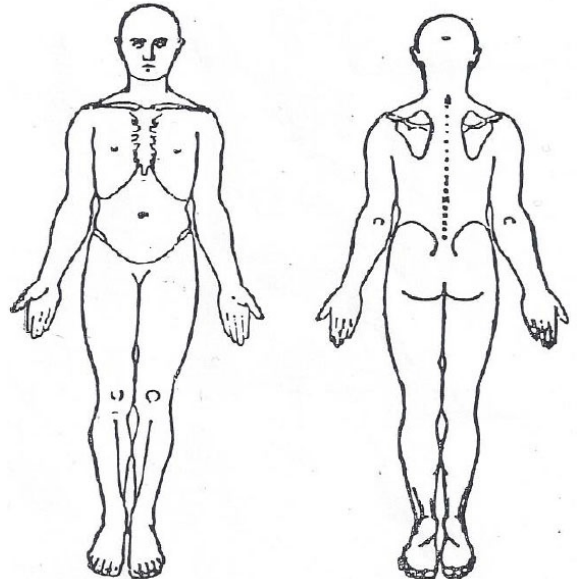
9. Is it worse in AM or PM?

10. Rate your pain on this scale:

0 1 2 3 4 5 6 7 8 9 10

no pain

worst imaginable



11. There are many words the describe pain. **Circle** the words that describe the pain you are having.

Flickering Quivering Pulsing Throbbing Pounding Jumping Shooting Picking Drilling Stabbing
Pinching Pressing Gnawing Cramping Tugging Pulling Wrenching Annoying Troublesome
Miserable Intense Spreading Radiating Penetrating Tight Squeezing Tearing Tender Taut
Tiring Exhausting Sickening Suffocating Sharp Cutting Hot Burning Searing Tingling Itching
Smarting Stinging Dull Sore Aching Nagging Nauseating Agonizing