

Physical Exam Questionnaire

(Medicare Utilization Guidelines Section 2251.2)

Patient Name _____ Date _____

History:

A. List your present symptoms: _____

Any secondary complaints? 1) _____ 2) _____

3) _____ 4) _____

B. List any family history that is relevant to this symptom: (N/A)(S/A) _____

C. Past Health History: N/A=Not Applicable, S/A= See attached

General Health: excellent, fair, poor (N/A)(S/A) _____

Prior Illnesses: (N/A)(S/A) _____

Prior Injuries: (N/A)(S/A) _____

Prior Hospitalizations: (N/A)(S/A) _____

Medications: (N/A)(S/A) _____

Surgical History: (N/A)(S/A) _____

D. Mechanism of Trauma: (N/A)(S/A) _____

E. Quality and character of symptoms: inflammation, pain, swelling, _____

My symptoms are: achy/dull/sharp pain (with numbness/tingling) _____

F. My symptoms started on (date) ____/____/____.

My symptoms are _____ on a scale of 1 to 10 (with 10 being emergency).

My symptoms are: AM only/ Pm only /all day/ only with activity.

My symptoms go (radiate) from my _____ to my _____ /

Or my symptoms stay (localized) at my _____.

G. Things that make my symptoms better: _____

Things that make my symptoms worse: _____

H. What treatments have you tried for your symptoms? _____

What medications have you tried for your symptoms? _____

What interventions have you tried for your symptoms? _____

Please see daily sheets for description of pain and symptom information.

PATIENT SIGNATURE: _____ DATE _____

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PAIN / TENDERNESS (N/A)(S/A)

Location:

Quality:

Intensity:

Asymmetry / Misalignment (N/A)(S/A)

Cervical - 1 2 3 4 5 6 7 **Thoracic** - 1 2 3 4 5 6 7 8 9 10 11 12 **Lumbar** - 1 2 3 4 5, Oc-C1, L/S, S/L

Range of Motion Abnormality (N/A)(S/A) Changes in Active, Passive and Accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility.

Limited, lost, restricted, flexion, extension, hypermobility, hypomobility, aberrant

Tissue/ Tone (N/A)(S/A) Changes (↑↓) in the characteristics of contiguous, or associated soft tissues, including skin, fascia, muscle, and ligament.

Dr Initials _____

Date _____