

# MADDEN PHYSICAL THERAPY

## MEDICAL HISTORY

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Medical History: Are you currently experiencing or have you had any of the following:

High Blood Pressure	YN	Heart Disease	YN	Numbness	YN
Bowel/Bladder Problems	YN	Pacemaker	YN	Cancer	YN
Shortness of Breath	YN	Weakness	YN	Pregnant	YN
Female Problems	YN	Diabetes	YN	Dizziness	YN
Night Pain	YN	Fatigue	YN	Osteoporosis	YN
Irregular Heart Rate	YN	Headaches	YN	Stroke	YN

Surgeries? Y N (List) \_\_\_\_\_

How would you rate your general health? (circle one) Poor Fair Good Excellent

In the past 3 months, have you experienced any significant changes in health (physical or mental) such as unexplained weight loss, depression, nausea, etc? (List) \_\_\_\_\_

List other medical problems: \_\_\_\_\_

Currently:

What is your current complaint? \_\_\_\_\_ When did it start? \_\_\_\_\_

Due to an injury? Y N (Explain) \_\_\_\_\_ Illness? \_\_\_\_\_

Did the symptoms begin: Suddenly or Gradually Previous problems in this area? Y N

Previous therapy for this condition? Y N What effect? \_\_\_\_\_

Have you had chiropractic or any other treatment for condition? Y N

Are you getting: Better Same Worse Are you better with rest? Y N

Does activity make you worse? Y N Which activities? \_\_\_\_\_

Are you worse in the: Morning Afternoon Evening Is your pain: Continuous Occasional

Does your pain radiate? Y N Where? \_\_\_\_\_

What reduces your pain? \_\_\_\_\_

What can't you do because of your symptoms? \_\_\_\_\_

Recent tests: X-ray CT MRI EMG Myelogram Other \_\_\_\_\_

Results: \_\_\_\_\_

What did the Doctor tell you is your diagnosis? \_\_\_\_\_

Did the physician put you on any restrictions? Y N List: \_\_\_\_\_

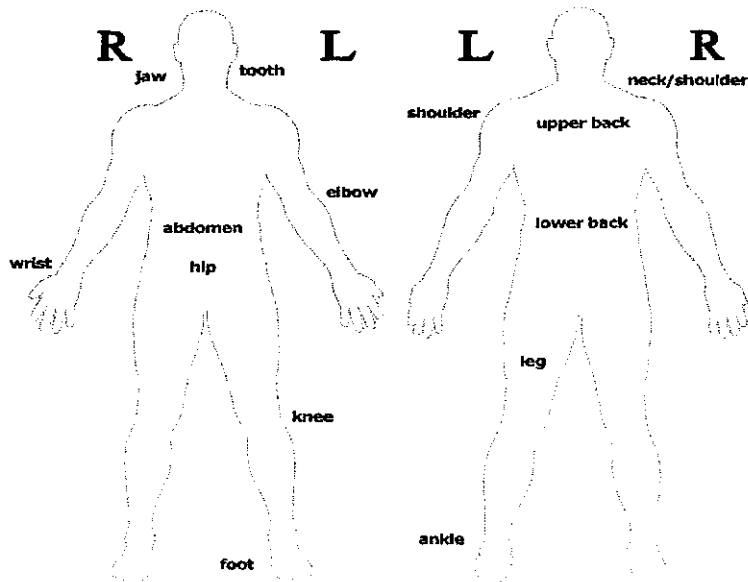
Are you currently employed? Y N What are your job tasks? \_\_\_\_\_

Based upon a 0 to 10 scale (0 is none and 10 is severe), what is your pain:

Right now: \_\_\_\_\_ Highest pain in past 24 hours: \_\_\_\_\_ Lowest pain in past 24 hours: \_\_\_\_\_

**PLEASE COLOR YOUR AREA OF PAIN ON THE BODY DIAGRAM BELOW**

FRONT



BACK

# MADDEN PHYSICAL THERAPY

## NECK PAIN DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>SECTION 1 – Pain intensity</b></p> <p>A. I have no pain at the moment.          B. The pain is very mild at the moment.          C. The pain is moderate at the moment.          D. The pain is fairly severe at the moment.          E. The pain is very severe at the moment.          F. The pain is the worst imaginable at the moment.</p>	<p><b>SECTION 6 – Concentration</b></p> <p>A. I can concentrate fully when I want to with no difficulty.          B. I can concentrate fully when I want to with slight difficulty.          C. I have a fair degree of difficulty in concentrating when I want to.          D. I have a lot of difficulty in concentrating when I want to.          E. I have a great deal of difficulty in concentrating when I want to.          F. I cannot concentrate at all.</p>
<p><b>SECTION 2- Personal Care (Washing, Dressing, Inc)</b></p> <p>A. I can look after myself normally without causing extra pain.          B. I can look after myself normally, but it causes extra pain.          C. It is painful to look after myself and I am slow and careful.          D. I need some help, but manage most of my personal care.          E. I need help every day in most aspects of self care.          F. I do not get dressed; I wash with difficulty and stay in bed.</p>	<p><b>SECTION 7 – Work</b></p> <p>A. I can do as much work as I want to.          B. I can only do my usual work, but no more.          C. I can do most of my usual work, but no more.          D. I cannot do my usual work.          E. I can hardly do any work at all.          F. I cannot do any work at all.</p>
<p><b>SECTION 3- Lifting</b></p> <p>A. I can lift heavy weights without extra pain.          B. I can lift heavy weights, but it gives extra pain.          C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.          D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.          E. I can lift very light weights          F. I cannot lift or carry anything at all.</p>	<p><b>SECTION 8 – Driving</b></p> <p>A. I can drive my car without any neck pain.          B. I can drive my car as long as I want with slight pain in my neck.          C. I can drive my car as long as I want with moderate pain in my neck.          D. I cannot drive my car as long as I want because of moderate pain in my neck.          E. I can hardly drive at all because of severe pain in my neck.          F. I cannot drive my car at all.</p>
<p><b>SECTION 4- Reading</b></p> <p>A. I can read as much as I want to with no pain in my neck.          B. I can read as much as I want to with slight pain in my neck.          C. I can read as much as I want with moderate pain in my neck.          D. I cannot read much because of moderate pain in my neck.          E. I cannot read as much because of severe pain in my neck.          F. I cannot read at all.</p>	<p><b>SECTION 9- Sleeping</b></p> <p>A. I have no trouble sleeping.          B. My sleep is slightly disturbed (less than 1 hour sleepless)          C. My sleep is mildly disturbed (1-2 Hours sleepless).          D. My sleep is moderately disturbed (2-3 hours sleepless)          E. My sleep is greatly disturbed (3-5 hours sleepless).          F. My sleep is completely disturbed (5-7 hours).</p>
<p><b>SECTION 5 – Headaches</b></p> <p>A. I have no headaches at all.          B. I have slight headaches, which come infrequently.          C. I have moderate headaches, which come infrequently.          D. I have moderate headaches, which come frequently.          E. I have severe headaches, which come frequently.          F. I have headaches almost all the time.</p>	<p><b>SECTION 10 – Recreation</b></p> <p>A. I am able to engage in recreational activities without any neck pain.          B. I am able to engage in all of my recreational activities with some pain in my neck.          C. I am able to engage in most, but not all of my recreational activities because of pain in my neck.          D. I am able to engage in a few of my recreational activities because of pain in my neck.          E. I can hardly do any recreational activities due to<sup>1</sup> pain in my neck.          F. I cannot do any recreational activities at all.</p>

COMMENTS: \_\_\_\_\_

Score: \_\_\_\_\_