

INITIAL INJURY EVALUATION

TIME OF INJURY:

1. When did the injury occur (date, time and place)?
2. How did the injury happen? Describe onset.
3. What symptoms did you experience *immediately* after injury?
4. Describe pain (ex: sharp, stabbing, shooting, dull ache, throbbing, etc).
5. Describe pain levels for each symptom (severe, moderate, light).
6. What did you do *immediately* following injury?

FOLLOWING INJURY:

1. Have you seen any other health care providers? If so, whom?
2. Are you receiving any adjunctive therapies for this injury?
3. What symptoms have you been experiencing since injury?
4. Describe pain levels for each symptom:
5. What, if anything, makes symptoms worse?
6. What, if anything, makes symptoms better?
7. Are there any particular activities that you are unable to do or that you cannot perform at your normal level due to injury?
8. Have you missed any work due to injury?
9. What physical duties are required for your job?

CURRENTLY:

1. What symptoms are you experiencing today?
2. Describe pain levels for each symptom:
3. Are you currently taking any medication? If so what?
4. What is your mental state today?
5. What results are you hoping to get from your massage?