ORTHOPAEDIC MANUAL THERAPY INDUSTRIAL REHABILITATION SPORTS MEDICINE



631 SOUTH HAM LANE LODI, CA 95242 209/ 368-7433 FAX: 209/ 368-4219

Patient	Information	Record
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Fatient information Record		
Name Tiffany anderson Age 41		
Diagnosis toin men		
Referring Physician Or Murata Family Physician Or. Jasti		
Occupation Perficielle application How did you hear about our clinic? NA		
Please answer the following questions about your present injury or illness:		
1. How and when (date) did the present injury occur? 6-29-11 I walked into a motal + bar that opened my post sungical wound from 2010 2. Was the onset gradual or sudden? Suddem		
3. Have you had a recent: MRI X-RAY for this problem?		
4. Did you undergo surgery? If yes, the date of surgery:		
5. Were you hospitalized? If yes, for how long:		
6. Describe current symptoms: Pain in right Knee left side		
Are your symptoms: Improving? Worsening? Not Changing? What activities/positions make your symptoms: Better Worse		
Please rate your pain on a scale from 0-10 with "0" pain free and "10" worst possible pain. A. Pain level at this time B. Pain at it's very worse Pain- ***		
C. Diagram where your symptoms are now.		
7. Have you ever had anything similar before? YES NO		
8. Do you have bowel or bladder problems? YES NO		
9. Have you had previous Physical Therapy or Chiropractic treatments? 10. What are your goals for Physical Therapy? 10. What are your goals for Physical Therapy?		