ORTHOPAEDIC MANUAL THERAPY INDUSTRIAL REHABILITATION SPORTS MEDICINE



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

| Patient Information Record |
|--|
| Name Tiffany anderson Age 41 |
| Diagnosis torn men |
| Referring Physician Or Murata Family Physician Or Jasti |
| Occupation Destricicle applicator 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? (0-29-11 I walked into competal + bar that opened my post sen gical 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 Know left side |
| Are your symptoms: Improving? Worsening? Not Changing? Very worsening? Not Changing? Very worsening? Not Changing? Very worsening? Very worsening? Not Changing? Very worsening? Very worsening. Very worsening? |
| Worse |
| A. Pain level at this time Numbness- |
| A. Pain level at this time B. Pain at it's very worse Numbness- 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? |
| 1 cture to work |