

Current Injury

Patient Name: _____ Date of Birth: _____

Type of Injury (Body Part): _____

Date of Injury: _____

How did the injury occur?

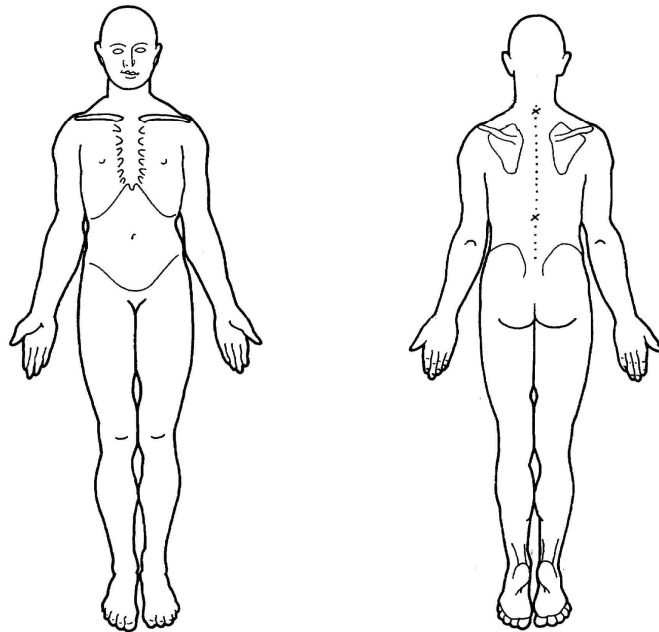
*(Gradual or sudden? Specific event? Is it improving, worsening, or the same?
Progression?)

Where are your symptoms? Please list/circle all.

Pain Label Key (Updated):

- P1 = Worst Pain
- P2 = Second Worst Pain

(You can add more levels if needed, like P3 = Third Worst Pain,



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Describe your symptoms:

*(Type of sensation: sharp, dull, tingling, pulling, throbbing, tight, numb, etc. Describe each area if more than one.)

Current Injury

Is the pain: Constant Comes and goes Other (please describe)

Pain Severity (0–10): (0 = No pain, 10 = Emergency level)

Worst in the past week: ____ / 10 Best in the past week: ____ / 10

What increases your symptoms?

*Activities, movements, ect

What activities are you avoiding or modifying because of your symptoms?

*think things that you do on a daily basis: getting dressed, taking care of your self, house chores, hobbies, work tasks, sleeping, shopping, ect “every time I do ___ it hurts” or “ I can’t do ___”.

What decreases your pain or symptoms?

Previous Treatment

Have you had treatment? Yes Nolf yes, describe:

*(PT, chiro, massage, medication, etc.)

Imaging or Tests

Any imaging/diagnostics? Yes Nolf yes, type and date:

Anything else your therapist should know?

Sign Name:

Date: