

Patient Name: _____ Account #: _____ DOS: _____

List Medications (#1)

Name of Medication	Dosage	Amount	How Often
1			
2			
3			
4			
5			
6			

Over the Counter Medications (check all you take regularly)

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Aspirin/Ibuprofen | <input type="checkbox"/> Cold Medicine | <input type="checkbox"/> Laxative | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Cough Medicine | <input type="checkbox"/> Diet Pills | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sleeping aids | <input type="checkbox"/> Allergy Relief | <input type="checkbox"/> Vitamin/Herbal supplements | |

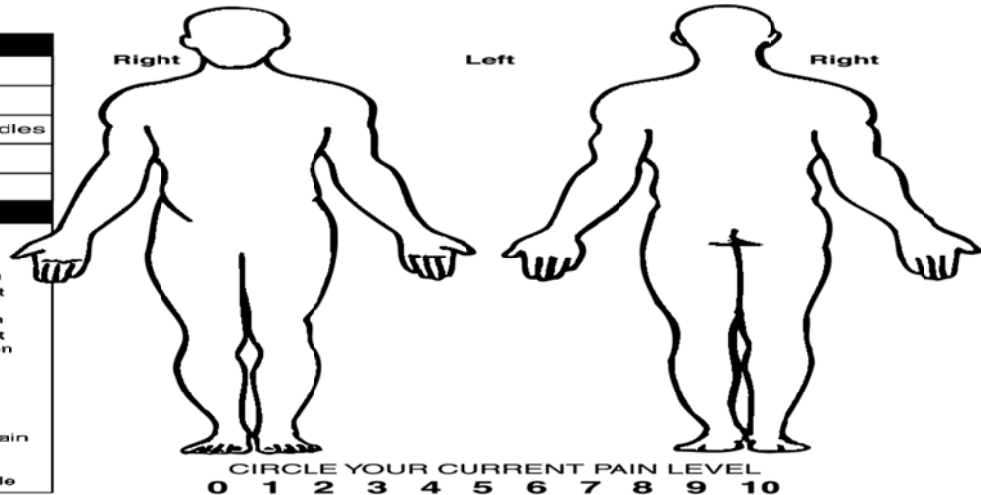
Complete the Pain Assessment Drawing (#2)

Instructions: Mark these drawings according to where you hurt (if the right side of your neck hurts, mark the drawing on the right side of the neck, etc.). Please indicate which sensations you feel by referring to the key below.

Note: Documentation of a follow-up plan is required when pain is present.

- RIGHT HANDED
 LEFT HANDED

KEY	
////	Stabbing
XXXX	Burning
0000	Pins & Needles
====	Numbness
++++	Aching
PAIN LEVEL	
0	No pain
1	Mild pain; you are aware of it but it doesn't bother you
2	Moderate pain that you can tolerate without medication
3	Moderate pain that requires medication to tolerate
4-5	More severe pain; you begin to feel antisocial
6	Severe pain
7-9	Intensely severe pain
10	Most severe pain; it may make you contemplate suicide



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Calculate BMI and ✓ Appropriate Box (#3)

BMI = $\frac{\text{Weight (lb)}}{[\text{Height (in)} \times \text{Height (in)}]} \times 703$

Weight (lbs): _____

Height (inches): _____

BMI = _____

Age 65 years and older: (✓)

- Within Normal Parameters [BMI = ≥ 23 and < 30]
- Above Normal Parameters [BMI ≥ 30]
- Below Normal Parameters [BMI < 23]

Age 18 – 64 years: (✓)

- Within Normal Parameters [BMI = ≥ 18.5 and < 25]
- Above Normal Parameters [BMI ≥ 25]
- Below Normal Parameters [BMI < 18.5]

Note: Documentation of a follow-up plan is required when BMI is outside of normal parameters.

Patient Signature

Evaluating Therapist / Credentials

Date