

What makes the problem better?

What makes the problem worse?

What would you like to accomplish by coming to Larson Rehabilitation Services?

Are you seeing anyone else for this problem?

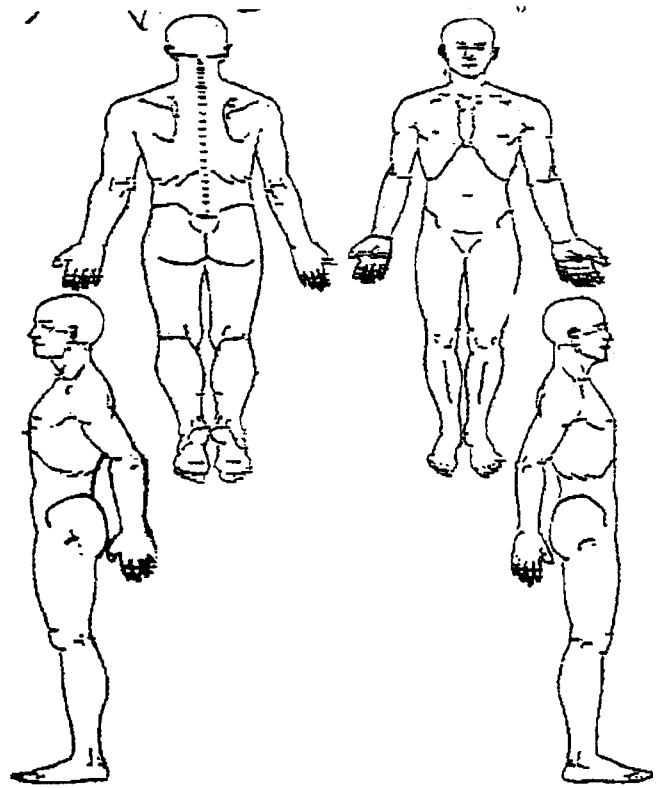
Yes No If yes, what specialty:

Are you taking any medications?

Yes No If yes, please list: _____

Special tests- Within the past 12 months have you had any of the following tests?

- Angiogram
- Arthroscopy
- Biopsy
- Blood tests
- Bone scan
- Bronchoscopy
- CT scan
- Doppler ultrasound
- Echocardiogram
- EEG (electroencephalogram)
- EMG/NCV (electromyography/nerve conduction)
- Mammogram
- MRI
- Myelogram
- Pulmonary function
- Spinal tap
- Stool tests
- Stress test (e.g. Treadmill, bicycle)
- Urine tests
- X-rays
- Other: _____



On the above diagram, please mark the location of the pain and describe the type of pain (e.g. dull, sharp, burning)