



New Patient/New Condition form for Dr. Mark Harary

Patient Name: _____

1. School and Grade Level(if applicable): _____

2. Occupation: _____

3. Sports Played (if applicable): _____

4. What body part are we seeing you for today?: _____

5. Date symptoms began? _____

6. Pain level at **REST**: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (circle one)

7. Pain level with **ACTIVITY**: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (circle one)

8. Describe what types of activities increase your pain (i.e., walking, running, bending, pushing, pulling...)

9. Describe what types of treatments have you used to decrease your pain (i.e., rest, medication's, heat, ice...) _____

10. Have you had previous imaging (i.e., Xrays, Mri's) for **THIS** problem? _____

If Yes, please provide where and when testing was done;

11. Have you had treatment by another physician or physical therapist for **THIS** problem?

If Yes, please provide name of physician and approximate dates of treatment;
