

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
What is your primary concern? \_\_\_\_\_  
Pain location: \_\_\_\_\_  
Have you had surgery for this injury?  No  Yes  
Type of surgery/dates: \_\_\_\_\_  
History of falls in last year:  No  Yes  
Hospitalization in last 3 months?  No  Yes

**Medical History:**

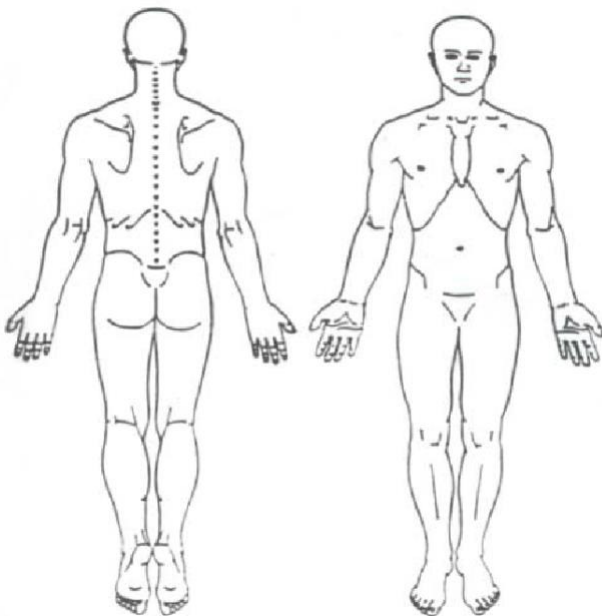
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fracture or Suspected Fracture | <input type="checkbox"/> Cauda Equina Syndrome   | <input type="checkbox"/> Diabetes Mellitus Type 1 |
| <input type="checkbox"/> Rheumatoid Arthritis           | <input type="checkbox"/> Huntington's            | <input type="checkbox"/> Diabetes Mellitus Type 2 |
| <input type="checkbox"/> Alzheimer's                    | <input type="checkbox"/> Unexplained Weight Loss | <input type="checkbox"/> Seizures                 |
| <input type="checkbox"/> High Blood Pressure            | <input type="checkbox"/> CVA / Stroke            | <input type="checkbox"/> Muscle Dystrophy         |
| <input type="checkbox"/> Traumatic Brain Injury         | <input type="checkbox"/> Immunosuppression       | <input type="checkbox"/> Osteoarthritis           |
| <input type="checkbox"/> Cardiovascular Disease         | <input type="checkbox"/> Pacemaker               | <input type="checkbox"/> Blood Clots              |
| <input type="checkbox"/> History of Cancer              | <input type="checkbox"/> Current Infection       | <input type="checkbox"/> HIV/AIDS                 |
| <input type="checkbox"/> Allergies: _____               | <input type="checkbox"/> Lupus                   | <input type="checkbox"/> Hepatitis B/C            |
|   | <input type="checkbox"/> Pregnant                | <input type="checkbox"/> Other:                   |

Diagnostics:  X-Ray  MRI  CT Scan  Diagnostic Ultrasound

Results of Imaging: \_\_\_\_\_

Medications:  See attached \_\_\_\_\_

Where is your problem? Indicate on the body chart.



Nature of pain/symptoms (check all that apply):

- sharp  aching  constant  dull  periodic  
 throbbing  occasional  other

Are your symptoms:  Improving  Getting Worse  
 Staying the Same

What activities make your pain worse?  
\_\_\_\_\_

What activities make your pain better?  
\_\_\_\_\_

Have you ever had treatment before for these symptoms?  No  Yes

If yes, list treatments: \_\_\_\_\_  
\_\_\_\_\_

Overall activity level:

- Sedentary  Light  Moderate  Heavy

## Instructions

We are interested in knowing whether you are having any difficulty at all with the activities listed below **because of your lower limb problem** for which you are currently seeking attention. Please provide an answer for **each** activity.

**Today, do you or would you have any difficulty at all with:**

Activities	Extreme difficulty or unable to perform activity	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
1. Any of your usual work, housework or school activities.	0	1	2	3	4
2. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3. Getting into or out of the bath.	0	1	2	3	4
4. Walking between rooms.	0	1	2	3	4
5. Putting on your shoes or socks.	0	1	2	3	4
6. Squatting.	0	1	2	3	4
7. Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8. Performing light activities around your home.	0	1	2	3	4
9. Performing heavy activities around your home.	0	1	2	3	4
10. Getting into or out of a car.	0	1	2	3	4
11. Walking 2 blocks.	0	1	2	3	4
12. Walking a mile.	0	1	2	3	4
13. Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14. Standing for 1 hour.	0	1	2	3	4
15. Sitting for 1 hour.	0	1	2	3	4
16. Running on even ground.	0	1	2	3	4
17. Running on uneven ground.	0	1	2	3	4
18. Making sharp turns while running fast.	0	1	2	3	4
19. Hopping.	0	1	2	3	4
20. Rolling over in bed.	0	1	2	3	4
<b>Column Totals:</b>	0	1	2	3	4

## Informed Consent for Physical Therapy

Physical therapy involves the use of many different types of physical evaluation and treatment. At Evercore, we use a variety of procedures and modalities to improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time before or during your treatment session.

Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

**I acknowledge that my treatment program has been explained by Evercore, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of Physical Therapy as outlined to me, and I wish to proceed.**

---

Client Name

---

Client Signature

---

Date



## Cancellation Policy

We understand there are times when situations arise that make it necessary for you to cancel your appointment. It is your responsibility to call us as soon as you know you will not make your appointment. This allows us to fill your spot with another client who wants that time slot.

A cancellation fee of \$35 will be charged if you cancel within 24-hours.

Note: Please be on time for your session. If you are late, the session will still finish on time.

These policies help the us provide quality care to our valued clients. If you have any questions or need clarification of any of the above policies, please do not hesitate to call us.

Contact Info:

Address: 8898 Clairemont Mesa Blvd Suite J, San Diego, CA 92123

Phone: 1-800-760-5469

Email: [marc@evercorelife.com](mailto:marc@evercorelife.com)

CLIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Expectations with Physical Therapy

### What can physical therapy do for me?

- Physical therapy will help you reduce pain, recover from your injuries, reduce your risk of injury and increase your strength.
- Physical therapy helps you get back to the things you love and feel more active
- We may use hands-on techniques, movements and exercises to correct the underlying factors contributing to your injury.
- You will learn how to manage your injuries and pain without surgery, injections or pain medications.

### How long is each session?

- Each session consists of 30-minutes of one-on-one training with Dr. Marc.
- You may be here for 45-minutes total to complete your mobility and movement therapy exercises

### What should I wear?

- Wear athletic clothes
- We have a shower you can use if you need to shower before you go back to work.

### What should I bring?

- Bring a water bottle if you want. We have purified water to refill your water bottle.
- Fill out the forms in this folder and bring the forms with you to your next session.
- Bring your smartphone if you want me to record you doing exercises on your phone. You can reference these videos for your home exercise program.

### Home exercise program

- You will receive exercises to perform at home. I will send you a PDF handout with pictures of your exercise program.
- We may use your smartphone to record you doing your exercises.

### Movement analysis

- We may do a video movement analysis using a smartphone.
- We will be analyzing your movements during functional activities like squats, lunges, reaching overhead, or other activities that are difficult for you.

## **Will I feel sore after our sessions?**

- There is a difference between muscle soreness and pain. It is normal to feel muscle soreness.
- It is normal to have setbacks while recovering from an injury. We will assess your progress each session and make changes as needed to ensure you are improving.

## **How long will it take for me to get better?**

- Your ability to reduce or eliminate pain will be determined by several factors such as: length of time you have been dealing with the injury, severity of the injury, normal healing time of the injury, and your consistency with the home exercise program.
- Within 4-6 weeks, you should have significantly less pain and feel more active.

## **How can I get better faster?**

- Follow your exercise program and show up for each physical therapy session
- Allow time for your body to heal and do not rush the recovery process

## **What is our contact information?**

Address: 8898 Clairemont Mesa Blvd Suite J, San Diego, CA 92123

Phone: 1-800-760-5469

Email: [marc@evercorelife.com](mailto:marc@evercorelife.com)

Visit our website [www.evercorelife.com](http://www.evercorelife.com) for helpful videos, articles and resources to recover from injuries and get stronger.

## **Follow us on social media for daily exercise videos:**

Instagram: Evercorelife

Facebook: Evercore

YouTube Channel: Evercorelife

## **If you have any additional questions or comments feel free to contact us.**

To your health,

Dr. Marc Robinson, PT, DPT, Cert. MDT  
Physical Therapist/Co-founder of Evercore