

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:

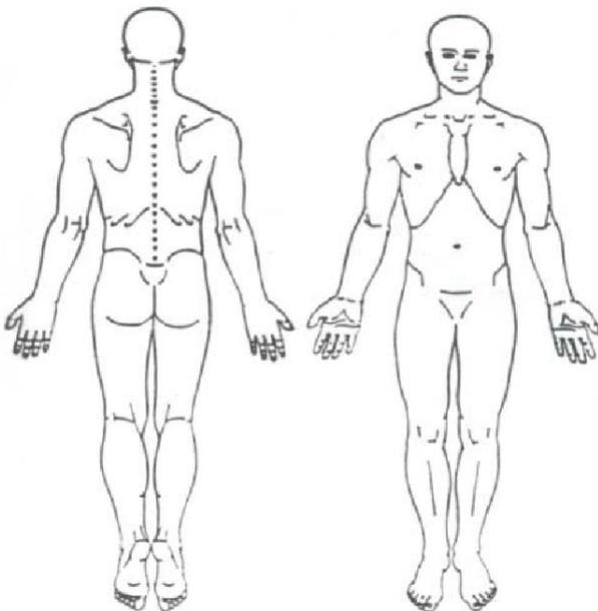
- | | | |
|---|--|---|
| <input type="checkbox"/> Fracture or Suspected Fracture | <input type="checkbox"/> Cauda Equina Syndrome | <input type="checkbox"/> Diabetes Mellitus Type 1 |
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Huntington's | <input type="checkbox"/> Diabetes 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

Neck Disability Index

This questionnaire has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and **mark in each section only the one box that applies to you**. We realise you may consider that two or more statements in any one section relate to you, but please just mark the box that most closely describes your problem.

Office Use Only

Name _____

Date _____

Section 1: Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2: Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but can manage most of my personal care
- I need help every day in most aspects of self care
- I do not get dressed, I wash with difficulty and stay in bed

Section 3: Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights

- I cannot lift or carry anything

Section 4: Reading

- I can read as much as I want to with no pain in my neck
- I can read as much as I want to with slight pain in my neck
- I can read as much as I want with moderate pain in my neck
- I can't read as much as I want because of moderate pain in my neck
- I can hardly read at all because of severe pain in my neck
- I cannot read at all

Section 5: Headaches

- I have no headaches at all
- I have slight headaches, which come infrequently
- I have moderate headaches, which come infrequently
- I have moderate headaches, which come frequently
- I have severe headaches, which come frequently
- I have headaches almost all the time

Section 6: Concentration

- I can concentrate fully when I want to with no difficulty
- I can concentrate fully when I want to with slight difficulty
- I have a fair degree of difficulty in concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all

Section 7: Work

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I can't do any work at all

Section 8: Driving

- I can drive my car without any neck pain
- I can drive my car as long as I want with slight pain in my neck
- I can drive my car as long as I want with moderate pain in my neck
- I can't drive my car as long as I want because of moderate pain in my neck
- I can hardly drive at all because of severe pain in my neck
- I can't drive my car at all

Section 9: Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hr sleepless)
- My sleep is mildly disturbed (1-2 hrs sleepless)
- My sleep is moderately disturbed (2-3 hrs sleepless)
- My sleep is greatly disturbed (3-5 hrs sleepless)
- My sleep is completely disturbed (5-7 hrs sleepless)

Section 10: Recreation

- I am able to engage in all my recreation activities with no neck pain at all
- I am able to engage in all my recreation activities, with some pain in my neck
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck
- I am able to engage in a few of my usual recreation activities because of pain in my neck
- I can hardly do any recreation activities because of pain in my neck
- I can't do any recreation activities at all

Score: ___/50 Transform to percentage score x 100 = %points

Scoring: For each section the total possible score is 5: if the first statement is marked the section score = 0, if the last statement is marked it = 5. If all ten sections are completed the score is calculated as follows:

Example: 16 (total scored)

50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated: 16 (total scored)

45 (total possible score) x 100 = 35.5%

Minimum Detectable Change (90% confidence): 5 points or 10 %points

NDI developed by: Vernon, H. & Mior, S. (1991). The Neck Disability Index: A study of reliability and validity. Journal of Manipulative and Physiological Therapeutics. 14, 409-415

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

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

Visit our website 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