



Gateway Sports Medicine & Rehabilitation PC  
 10915 SE Stark St, Portland, OR 97216  
 Phone: 503-261-1120 Fax: 503-261-8936

Name: \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Job title: \_\_\_\_\_ Are you currently working? Y/N

Check all that are appropriate:  Full time  Full duty  Part time  Light duty

What's your work schedule when you're working: \_\_\_\_\_

Describe your job duties: \_\_\_\_\_

Maximum lifting up to: \_\_\_\_\_ lbs. Occasional lifting up to: \_\_\_\_\_ lbs.

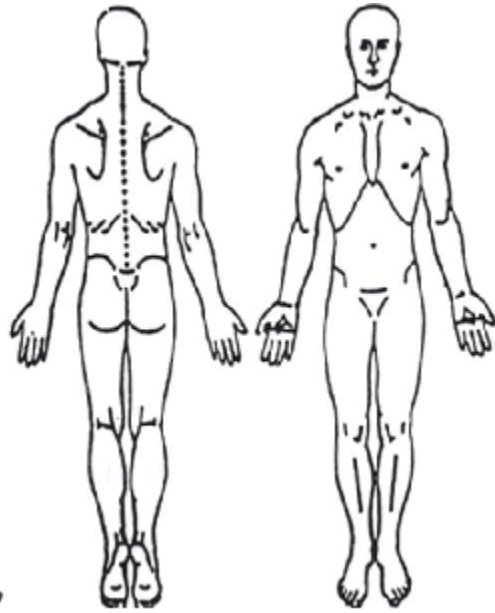
If newly employed, list employers name, your job title and duties: \_\_\_\_\_

|                     |                   |       |             |
|---------------------|-------------------|-------|-------------|
| RATE YOUR FUNCTION: | COMPLETE FUNCTION | _____ | NO FUNCTION |
|---------------------|-------------------|-------|-------------|

|                 |         |   |   |   |   |   |   |   |   |   |    |                    |
|-----------------|---------|---|---|---|---|---|---|---|---|---|----|--------------------|
| RATE YOUR PAIN: | NO PAIN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | BAD AS IT COULD BE |
|-----------------|---------|---|---|---|---|---|---|---|---|---|----|--------------------|

*Please read carefully:* Mark the areas on your body where you feel your pain. Include all the affected areas. Mark the areas of radiation. If your pain radiates, draw an arrow where it starts to where it stops. Please extend arrow as far as the pain travels. Use the appropriate symbol(s) listed below.

- Aches** >>> **Numbness** === **Pins & needles** ooo **Burning** XXX **Stabbing** /// **Throbbing** ~~~
- Other \*\*\* Other pain or sensation ex. annoying, irritating





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**Pain**

- The pain is the worst:     Wake up     Morning     Mid-day  
     Afternoon     Evening     Bedtime
- The pain is the least:     Wake up     Morning     Mid-day  
     Afternoon     Evening     Bedtime

**Frequency:**

- Intermediate <25%     Occasional 25-50%     Frequent 50-75%     Constant >75%
- Average time of day in pain:     <1 hour     1-4 hours     4-8 hours  
     anytime not lying down     24 hours

What activities make the pain better: \_\_\_\_\_

What activities make the pain worse: \_\_\_\_\_

Your favorite activity (eg tennis, gardening, etc.): \_\_\_\_\_

Rate your function with your favorite activity

COMPLETE  
FUCNTION

NO  
FUNCTION

Printed Name

Date

Signature