



3. Do you have any known allergies?      Dexamethasone      Hydrocortisone

4. In the space below, describe your symptom(s) specifically:

a. What is your primary complaint that brings you to therapy?

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b. Secondary complaint?

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5. What date did your symptoms begin? \_\_\_\_\_

6. How did your symptom(s) begin?

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7. Have you ever received treatment for this condition?      Yes      No

If yes, for how long?

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Was it helpful?

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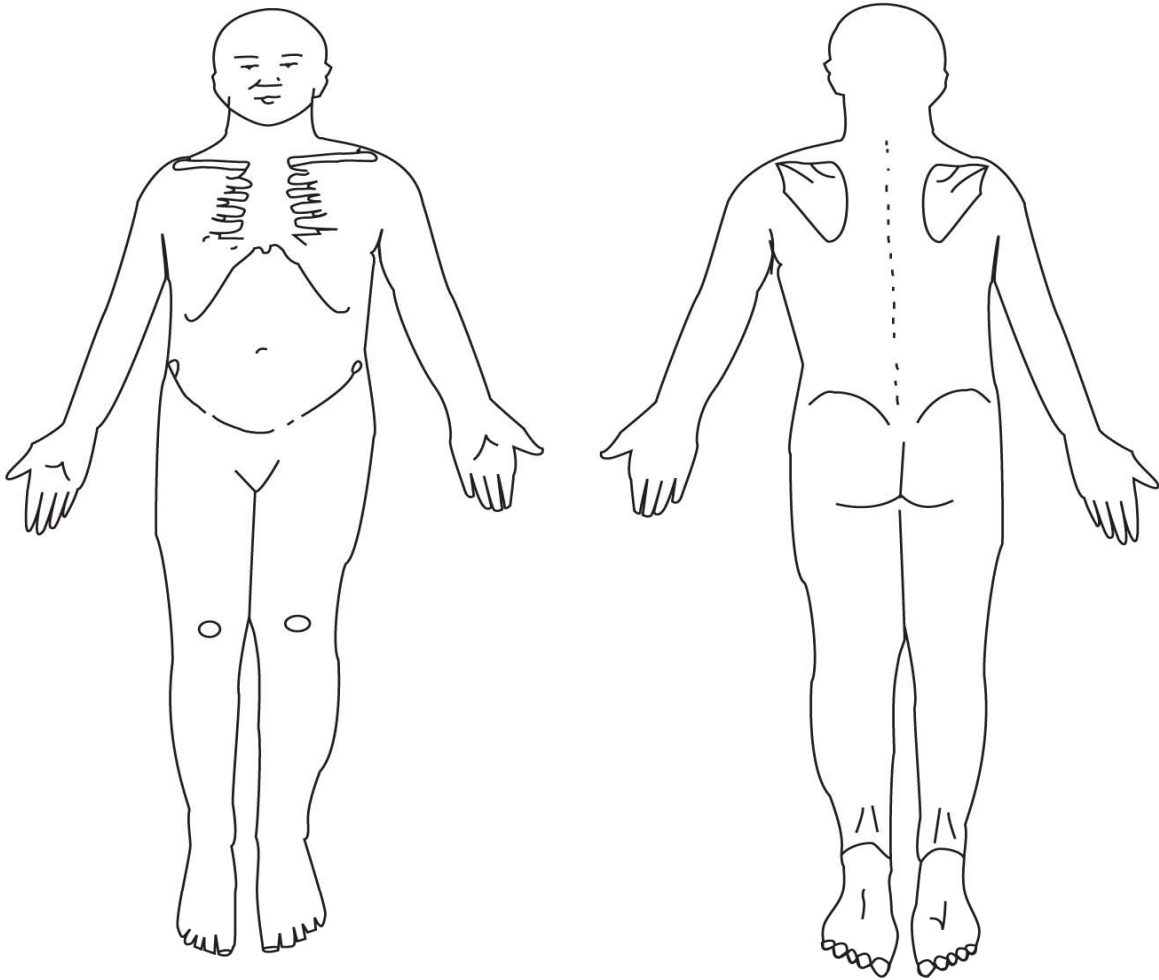
8. PATIENT GOALS: List what you would like to be able to do as a result of therapy.

Activity	How often and for how long	By when
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

Stratford Therapy Services, Inc.

IMPORTANT - 1. Shade areas of pain/scars

2. Describe the pain as “burning”, “aching”, “pins and needles”, “numb”, “sharp”



3. Mark the scale below as to the intensity of your pain:

