

Mark the areas on the body where you feel the described sensations. Use the appropriate symbol located beneath each described sensation. Include all affected areas.

Numbness

Pins & Needles

.....

Aching

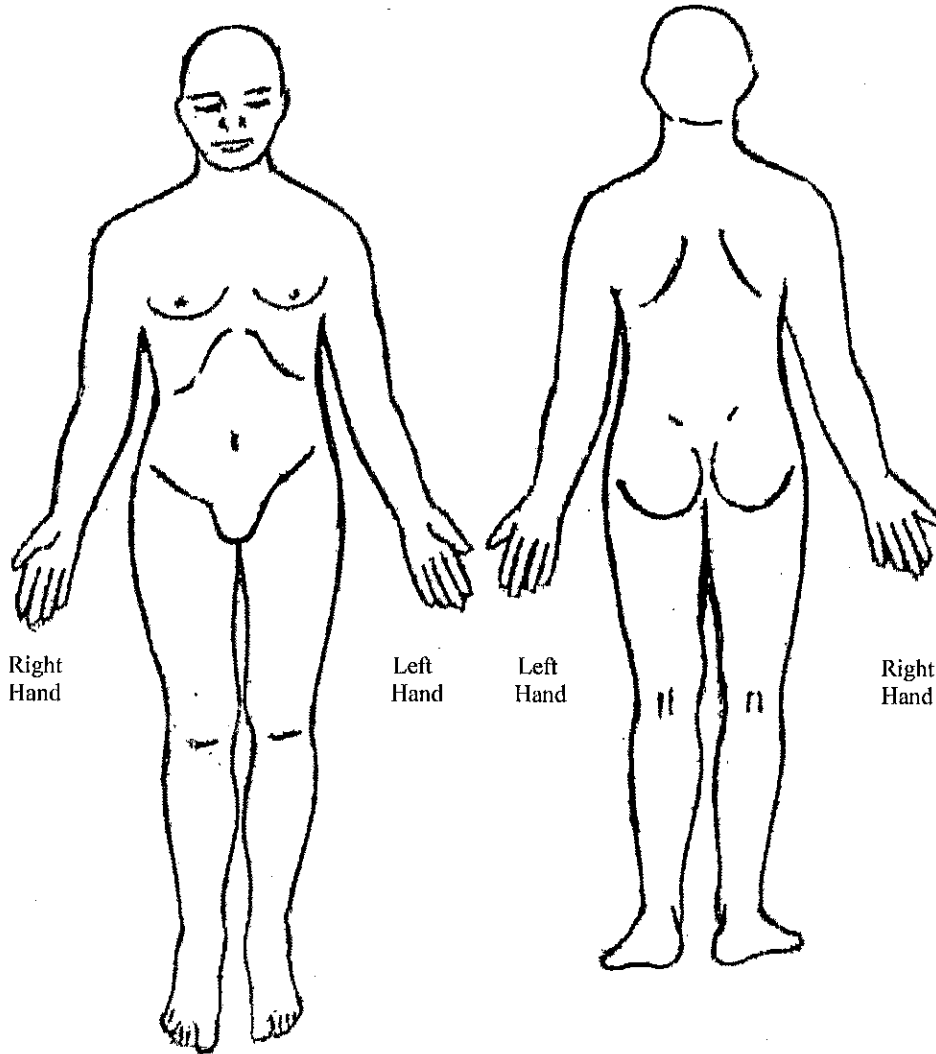
ooo ooo

Burning

x x x x

Stabbing

/////



Please complete the back side of this form.

Patient: _____

VAS: _____

OCI number: _____

PTE/ Progress/ DC

Date: _____

PT/PTA _____

VISUAL PAIN RATING SCALE

Instructions: Make a mark (—) along the line between the extremes, "NO PAIN AT ALL" and "PAIN AS BAD AS IT COULD BE," which represents your current pain in your major area of injury.

PAIN AS BAD AS IT COULD BE



NO PAIN AT ALL

Patient: _____

OCI Number: _____

Date: _____



Thank you for choosing **Midwest Rehabilitation at Orthopedic Center of IL** for your physical therapy needs.

Your initial evaluation has been scheduled on _____ @ _____ w/ _____.

Future appointments will be scheduled after the initial evaluation is completed.

Here are a few important reminders regarding your appointment:

1. Please arrive **15 minutes** before your initial evaluation to complete paperwork. Plan on being at the initial evaluation for 1 hour. Follow-up appointments will be 30 minutes.
2. Please wear comfortable clothing and tennis shoes as the therapist will need to examine the involved joints.
3. Prior to your first appointment, please be sure to contact your insurance company for an explanation of your **out-patient physical therapy benefits** and any co-pays which may be associated with these visits. Please ask us if you have any questions.
4. Clients are expected to give at least 24 hours notice when cancelling and/or rescheduling an appointment. To cancel or reschedule please call 217-547-9108. Before 8 am and after 5:00 pm, voice mail is available to leave a message. If appointments are not cancelled within at least 24 hours notice, there may be a \$25.00 cancel/no show fee. This fee is NOT covered by insurance.
5. Please note that all cancels, no shows and discharges are communicated to claims adjusters assigned to Worker's compensation cases.
6. Please call us at **547-9108** as soon as possible if you need to cancel or reschedule your appointment.

If you have any questions and/or concerns, please feel free to contact us at any time.

Client Signature

Date

We look forward to working with you and thank you for choosing
Midwest Rehabilitation for your therapy needs