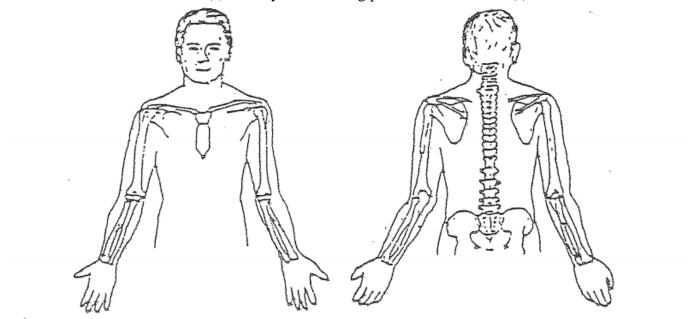


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Name		Date	
Age	Hand Dominance	$R \square L \square$ Ambidextrous $\square$	Sex: $M \square F \square$
Is your visit today due to an injury? Yes 🗌 No 🗌			
If yes, what is the date of your injury?			

Mark the area(s) where you are having pain in the illustration(s) below:



How bad is your pain at rest? (mark on line below)

0-----10 No pain at all Pain as bad as it can be

How bad is your pain with activity? (mark on line below)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 No pain at all Pain as bad as it can be

Do you feel joint instability? (as if it is slipping or coming out of place) Yes  $\Box$  No  $\Box$ 

If so, which joint?