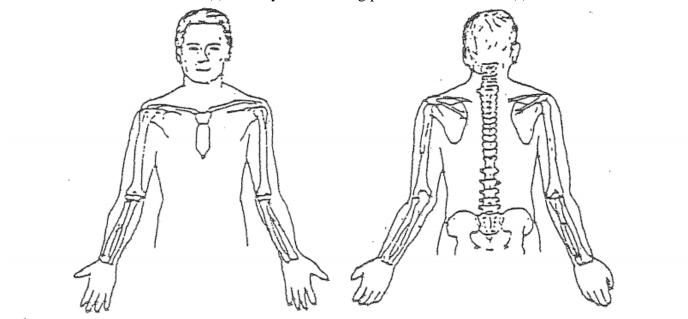


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Name		Date	
Age	Hand Dominance	$R \square L \square$ Ambidextrous \square	Sex: $M \square F \square$
Is your visit today due to an injury? Yes 🗌 No 🗌			
If yes, what is the date of your injury?			

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?