

Name: _____ Today's Date: _____

Please answer the following questions to the best of your knowledge:

Employer: _____

Describe the problem that brings you to therapy: _____

Have you had treatment for this problem? If so, what kind? _____

Since then, has your problem: Worsened Improved Stayed the same

What are your goals for therapy? _____

If you have pain, please indicate areas and type of pain with the following symbols:

SHARP
XXXXXXX
X

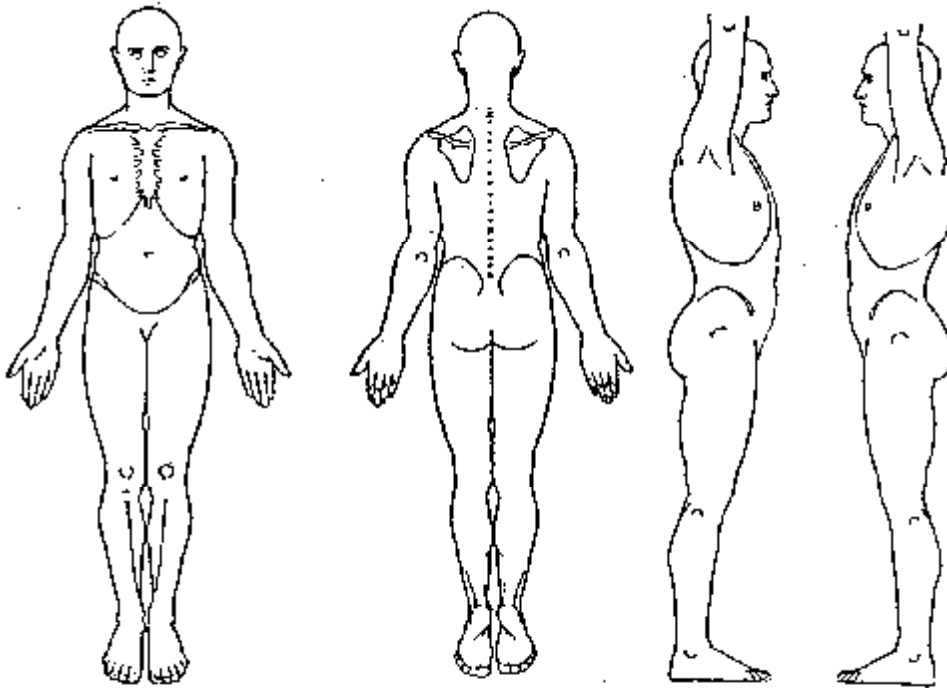
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Please rate your pain on the following pain scale: (Circle the number.)

0 (none) 1 2 3 4 5 6 7 8 9 10 (Severe)

Is pain **constant** or does it **come and go**? Circle one.

What activities increase pain/symptoms? _____

What activities decrease pain/symptoms? _____

Are you currently working? Yes No If yes, is it full-time or part-time

What activities does your work require? (ex: lifting, prolonged sitting, standing, reaching, etc.) _____

Do you still perform all your duties at work since the swelling began? _____

If you are not working now, when was your last day of work? _____

Describe what you do to keep physically fit: _____

09.0020



Olathe Medical Center

20333 West 151st Street
Olathe, Kansas 66061

**LYMPHEDEMA THERAPY
INTAKE QUESTIONNAIRE**

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O.M.C. No. 1179

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How long can you do the following activities before pain starts?

- Sitting: _____ minutes/hours or → unlimited
Standing: _____ minutes/hours → unlimited
Walking: _____ minutes/hours or → unlimited
Driving/riding in a car: _____ minutes/hours or → unlimited
Lifting: _____ minutes/hours or → unlimited

Do you have pets? _____ If so, what kind(s)? _____

Have you traveled outside the U.S.A? _____

When was the last time you flew on an airplane? _____

Do you have future flight plans? _____

Have you recently traveled to a mountainous region? _____ If so, when and for how long? _____

Do you have any future travel plans? _____

Have you had any tests recently? (X-ray, CT Scan, MRI, EMG, ECG, mammogram, etc) _____

In the space below, please tell us anything else you think your therapist will need to know: _____

Thank you for taking the time to complete this form. Your therapist will be with you soon.

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