

Thank you for choosing Riverside Rehab Services Physical Therapy or Occupational Therapy for treatment of your neck. Please fill out the forms in this packet prior to your first therapy session with us and bring them to your first appointment. Read all of the material and complete the forms to the best of your ability. Leave blank any areas you may need help with or have questions on. The forms are intended to provide your caregivers with accurate information about your back pain and overall health.

### Your First Visit

For your first visit, please arrive 15 minutes early to be registered into our computer system. Please bring the following with you:

1. This packet filled out
2. Your prescription for therapy
3. Your insurance card
4. A picture ID
5. Your appointment calendar to schedule follow up visits

Wear comfortable clothes and shoes. The therapist typically spends 30 minutes to 1 hour completing your initial evaluation.

Call 815-935-7514 if you have any questions prior to your first visit.

Thank you for choosing Riverside.



**Riverside Medical Center**  
**Outpatient Rehabilitation Services and Sports Medicine**  
**Questionnaire:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_

Are you currently working? Full Duty \_\_\_\_\_ Light Duty \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL HISTORY:**

Cardiac Problems	YES ___	NO ___	explain: _____
High Blood Pressure	YES ___	NO ___	
Cardiac Pacemaker	YES ___	NO ___	Asthma: YES ___ NO ___
Joint Replacements	YES ___	NO ___	Diabetes: YES ___ NO ___
History of cancer	YES ___	NO ___	Pregnant: YES ___ NO ___
Shortness of breath	YES ___	NO ___	
History of seizures	YES ___	NO ___	
Metal Implants	YES ___	NO ___	

**What medications are you currently taking?** \_\_\_\_\_

**What allergies do you have?** \_\_\_\_\_

List all past/present surgical procedures: \_\_\_\_\_

List any other medical problems not mentioned above: \_\_\_\_\_

Describe your current reason for attending therapy: \_\_\_\_\_

1. Have you been discharged from care under any of the following providers in the past 30 days? (Circle if applicable): Hospital    Skilled Nursing Facility    Home Health
2. Have you ever been treated for this condition previously? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_
3. At present time would you say that your health is (Please Circle One):  
                   Excellent            Very Good            Good            Fair            Poor

*Answer the following based on your current condition:*

How and when did this start? \_\_\_\_\_

Where is your pain located? \_\_\_\_\_

What makes your pain/condition worse? \_\_\_\_\_

What makes your pain/condition better? \_\_\_\_\_

Rate your pain on a scale from 0 (no pain) to 10 (worst pain ever) \_\_\_\_\_

What are you unable to do because of your pain/problem? \_\_\_\_\_

Do you have any "pins and needles" or numbness? \_\_\_\_\_

Is your pain a: Throb \_\_\_\_\_ Twinge \_\_\_\_\_ Burning \_\_\_\_\_ Other \_\_\_\_\_



Medical Center	Atrium	Health Fitness Center	Manteno	Wilmington
350 N. Wall Street Kankakee	400 S. Kennedy Bradley	100 Fitness Drive Bourbonnais	395 N. Locust Manteno	105 S. First Street Wilmington
(815) 935-7514 Fax (815) 935-7069	(815) 935-7496 Fax (815) 935-7860	(815) 928-8324 Fax (815) 928-9972	(815) 468-8246 Fax (815) 468-8648	(815) 476-5210 Fax (815) 476-1080

## Attendance Policy

Thank you for choosing Riverside for your outpatient therapy needs. We are committed to providing you with very good care and want you to have the best experience possible with your therapy.

In order for you to experience the highest benefit from your therapies, it is very important that you attend your therapy sessions as prescribed by your doctor and therapist. Frequent absenteeism and non-participation in therapy will affect your ability to receive maximum benefit from your therapy. We ask that you abide by the following attendance policy to ensure we can give you the very best care and maximize your health improvements with our therapies:

- ❖ Attend your therapy sessions as scheduled. If you are unable to attend we request 24 hours notice of a cancellation. Every attempt will be made to reschedule your appointment for the same day or at your next available convenience.
- ❖ Your doctor will be notified after 3 consecutive “No Show” absences or inconsistent attendance and you will be discharged from therapy services.
- ❖ Chronic cancellations and “No Shows” are reasons for discharge from therapy.
- ❖ Our staff will work with you to find the best appointment time for your schedule. We respect your time and the time commitment involved to attend therapy throughout the week, please respect the times we have reserved for you to attend.

We have established this policy to offer our patients ample opportunities to receive care while being respectful of the time commitment involved for all parties.

If you have questions about this policy, please talk to the receptionist at the front desk.

Thank you,

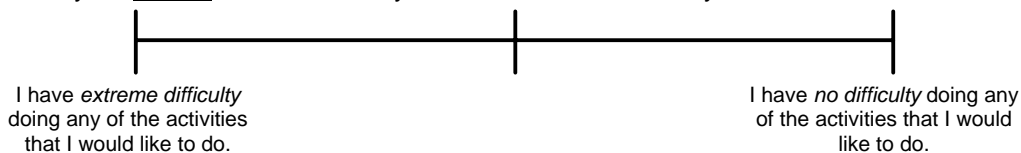
Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

# OPTIMAL INSTRUMENT

## Difficulty–Baseline

Instructions: Please circle the level of difficulty you have for each activity today.	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving–lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking–short distance	1	2	3	4	5	9
10. Walking–long distance	1	2	3	4	5	9
11. Walking–outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about all of the activities you would like to do, please mark an “X” at the point on the line that best describes your overall level of difficulty with these activities today.





### Neck Disability Index (NDI)

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This questionnaire has been designed to give the doctor/physical therapist information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section, and select the choice in each section which applies to you. We realize you may consider that 2 of the statements in any one section may relate to you, but just select the choice which most closely describes your problem.**

**Section 1 – Pain Intensity** (Check one answer)

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is very moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

**Section 2 – Personal Care (washing, dressing, etc.)** (Check one answer)

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes me extra pain.
- It is painful to look after myself, and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, I wash with difficulty, and I stay in bed.

**Section 3 – Lifting** (Check one answer)

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes me extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights, but I can manage if they are conveniently positioned.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights at the most.

**Section 4 – Reading** (Check one answer)

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I can't read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

**Section 5 – Headaches** (Check one answer)

- I have no headaches at all.
- I have slight headaches which come in-frequently.
- I have moderate headaches which come in-frequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all the time.

**Section 6 – Concentration** (Check one answer)

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentration when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

**Section 7 – Work** (Check one answer)

- I can do as much work as I want to.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

**Section 8 – Driving** (Check one answer)

- I can drive my car without any neck pain.
- I can drive my car as long as I want with slight neck pain.
- I can drive my car as long as I want with moderate neck pain.
- I can't drive my car as long as I want because of moderate pain in my neck.
- I can hardly drive at all because of severe pain in my neck.
- I can't drive my car at all.

**Section 9 – Sleeping** (Check one answer)

- I have no trouble sleeping.
- My sleep is slightly disturbed.
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

**Section 10 – Recreation** (Check one answer)

- I am able to engage in all my recreation activities with no neck pain at all.
- I am able to engage in all my recreation activities, with some pain in my neck.
- I am able to engage in most, but not all of my usual recreation activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I can't do any recreation activities at all.

**Comments** \_\_\_\_\_