

**Prolozone Intake Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Where is the pain: \_\_\_\_\_

How long has it been hurting you: \_\_\_\_\_ Has it gotten worse over time \_\_\_\_\_

When was it injured: \_\_\_\_\_ How was it injured: \_\_\_\_\_

Any surgeries on this joint: \_\_\_\_\_

How much does it hurt in a relaxed position:

no pain 1 2 3 4 5 6 7 8 9 10 unbearable

How much does it hurt when weight bearing:

no pain 1 2 3 4 5 6 7 8 9 10 unbearable

How much does it hurt with motion:

no pain 1 2 3 4 5 6 7 8 9 10 unbearable

Does this injury effect your:

range of motion      strength      focus      normal function

Are you on Pain Medication: Y / N

Which One(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

How many times a day: \_\_\_\_\_

Other treatments received for this injury: \_\_\_\_\_