



MCLAUGHLIN/JUDD
PHYSICAL THERAPY

PATIENT INFORMATION FORM

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Name: _____ Ht: _____ Wt: _____

Please provide us with the following information.

1) Briefly describe your current symptoms:

2) Briefly describe how and when your symptoms started:

3) Please circle the number that best indicates your current level of pain:
(0 being no pain and 10 being the worst)

0 1 2 3 4 5 6 7 8 9 10

4) What makes your pain worse?

5) What makes your pain better?

6) Please indicate on the chart where your current symptoms are:

