

## FOTO Patient Intake Survey

### Neck, Cranium / Mandible, Thoracic Spine, Ribs

*Staff to Complete*

PATIENT NAME: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Gender: Male / Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Clinician: \_\_\_\_\_

Body Part \_\_\_\_\_ Impairment \_\_\_\_\_ Care Type \_\_\_\_\_

Payer Source \_\_\_\_\_ (Type of Plan such as Preferred Provider, HMO, WC, Auto Insurance, etc.)

Insurance \_\_\_\_\_ (Specific Carrier such as Blue Cross, Humana, Aetna, etc.)

Other Referral Code:  Non-PTPN  OPTPN Auto  OPTPN Group Health  OPTPN WC Date of Survey: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We are interested in how you feel about how well you are able to do your usual activities. This information will help us take better care of you. Please answer the questions based on the problem for which you are receiving treatment. If you do not do or have not done this activity, please make your best guess as to which response is most accurate.

Today, does or would your health problem limit:	Yes, limited a lot	Yes, limited a little	No, not limited at all
1. Vigorous activities like running, lifting heavy objects, participating in strenuous sports?			
2. Participating in recreation?			
3. Moderate activities like moving a table or pushing a vacuum cleaner, bowling, or playing golf?			
4. Lifting or carrying items like groceries?			
5. Lifting overhead to a cabinet?			
6. Gripping or opening a can?			
7. Handling small items like pens or coins?			
8. Feeding yourself?			
9. Getting in and out of bed?			
10. Bathing or dressing?			
11. Completing your toileting?			

12. Rate the level of pain you have had in the last 24 hours (please circle response):

0    1    2    3    4    5    6    7    8    9    10  
 (None) (Pain as bad as it can be)

13. Please indicate the number of surgeries for your primary condition.     None     1     2     3     4+

14. How many days ago did the condition begin?     0-7 days     8-14     15-21     22-90     91 days to 6 mos.     Over 6 mos. ago

15. Are you taking prescription medication for this condition?     Yes     No

16. Have you received treatments for this condition before?     Yes     No

