MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

REPORT TITLE Physical Therapy Medical History Intake Form — Ankle Problem

OTSG APPROVED *(Date)*

MOS/Occupation: _____

Duty Station/Unit: _____

When did symptoms start (date): _____

Symptoms related to deployment? □Yes-Combat □Yes-NonCombat □No

Have you had these symptoms before? □Yes □No

How did symptoms start? _____

Symptoms are? □Constant □Come/Go □Only with Activity

Symptoms are? □Getting worse □Not Changing □Getting Better

List any medications or dietary supplements your are taking:

_____

_____ □None

List any drug or latex allergies you are aware of:

_____ □None

List Assistive Devices you use (crutches, braces, shoe inserts):

_____ □None

Are you in the Personal Reliability Program (PRP)? □Yes □No

Have you completed advanced medical directives? □Yes □No
(aka: "living will") Information is available at front desk.

Do you have difficulties with? (check all that apply)
□Communication □Vision □None
□Speech □Hearing □Other:_____

Medical History:	**Self**		**Family**	
Cancer?	Yes	No	Yes	No
Diabetes?	Yes	No	Yes	No
High Blood Pressure?	Yes	No	Yes	No
Heart Disease?	Yes	No	Yes	No
Osteoporosis?	Yes	No	Yes	No
Osteoarthritis?	Yes	No	Yes	No
Rheumatoid arthritis?	Yes	No	Yes	No
Neurologic dz (MS, Parkinsons)?	Yes	No	Yes	No
Ulcers / GERD / Acid Reflux?	Yes	No	Yes	No
Kidney / Liver Disease?	Yes	No	Yes	No
Prior Surgeries:	Yes	No		

Other: _____

In the past 3 months have you had or do you experience:

Change in your general health?	Yes	No
Fever / chills / sweats?	Yes	No
Unexplained weight change (>10lbs)?	Yes	No
Numbness or tingling?	Yes	No
Bowel / bladder incontinence?	Yes	No
Difficulty sleeping due to pain?	Yes	No
Unexplained Falls/Decreased balance?	Yes	No

Are you currently/Do you have:

Pregnant / Potentially Pregnant / Nursing?	NA	Yes	No
Often bothered by feeling down, depressed, or hopeless?		Yes	No
Often bothered by little interest or pleasure in doing things?		Yes	No
Under physical / emotional abuse?		Yes	No
Dietary or Nutritional Concerns?		Yes	No
Do you use tobacco products?		Yes	No

Mark an "X" on the lines below that best describes your response.

1. Which activity causes you the most pain / most trouble performing?

_____

Function: Rate your ability to perform the *above* activity.

0 1 2 3 4 5 6 7 8 9 10
Unable to Perform — No restrictions

2. Pain at WORST: Rate your highest pain level in past 72 hrs.

0 1 2 3 4 5 6 7 8 9 10
No pain — Worst pain Imaginable

3. Pain at BEST: Rate you lowest pain level in past 72 hrs.

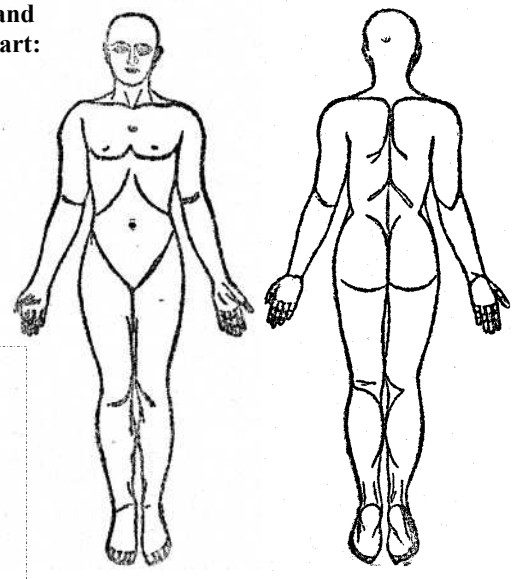
0 1 2 3 4 5 6 7 8 9 10
No pain — Worst pain Imaginable

4. Impact: How distressing is this condition to you?

0 1 2 3 4 5 6 7 8 9 10
No problem — Devastating

Indicate the location and type of pain on the chart:

Key:
Ache/Dull: ^ ^ ^ ^
Sharp/Stabbing: x x x x
Numb / Tingling: o o o o
Pins & Needles: · · · ·
Burning: = = = =
Throbbing: / / / /
Other Pain: - - - -



Therapist Notes:

PATIENT SIGNATURE / PREPARED BY:	**DATE**	**DEPARTMENT/SERVICE/CLINIC**
		LRMC Physical Therapy APO AE 09180 486-8263

PATIENTS IDENTIFICATION *(For typed or written entries give: Name-last, first, middle; grade; rank; hospital or medical facility)*

NAME (Last, First MI):

FMP / SSN (Sponsor): /

GRADE or RANK: DOB: (Patients, dd-mmm-yyyy)

☐ **HISTORY/PHYSICAL** ☐ **FLOW CHART**

☒ **OTHER/EXAMINATION OR EXAMINATION** ☐ **OTHER** *(Specify)*

☐ **DIAGNOSTIC STUDIES**

☐ **TREATMENT**

DA FORM 1 MAY 78 4700

MCEUH OP 370-R, APR 96(Rev)

DA 4700 Master Rx Form, Updated 13-May-11

Ankle Joint Functional Assessment Tool (AJFAT)

Section 1: To be completed by patient _____AD _____Non-Active Duty

Name:_____ Age:_____ Date:_____

Occupation:_____ How long have you had ankle problems:_____

Section 2: To be completed by patient

This questionnaire has been designed to give your therapist information as to how your ankle problems have affected your functional ability. Please answer every question by placing a check on the line that best describes your injured ankle compared with the non-injured side. Check only 1 answer for each question, choosing the answer that best describes your injured ankle. We realize you may feel that two of the statements may describe your condition, but **please check only the line which most closely describes your current condition**.

1. How would you describe the level of pain you experience in your ankle?

_____Much less than the other ankle
_____Slightly less than the other ankle
_____Equal in amount to the other ankle
_____ Slightly more than the other ankle
_____ Much more than the other ankle

2. How would you describe any swelling in your ankle?

_____Much less than the other ankle
_____Slightly less than the other ankle
_____Equal in amount to the other ankle
_____ Slightly more than the other ankle
_____ Much more than the other ankle

3. How would you describe the ability of your ankle when walking on uneven surfaces?

_____Much less than the other ankle
_____Slightly less than the other ankle
_____Equal in ability to the other ankle
_____ Slightly more than the other ankle
_____ Much more than the other ankle

4. How would you describe the overall feeling of stability of your ankle?

_____Much less stable than the other ankle
_____Slightly less stable than the other ankle
_____Equal in stability to the other ankle
_____ Slightly more stable than the other ankle
_____ Much more stable than the other ankle

5. How would you describe the overall feeling of strength of your ankle?

_____Much less strong than the other ankle
_____Slightly less strong than the other ankle
_____Equal in strength to the other ankle
_____ Slightly stronger than the other ankle
_____ Much stronger than the other ankle

6. How would you describe your ankle's ability when you descend stairs?

_____Much less than the other ankle
_____Slightly less than the other ankle
_____Equal in amount to the other ankle
_____ Slightly more than the other ankle
_____ Much more than the other ankle

Section 2 (con't): To be completed by patient

7. How would you describe your ankle's ability when you jog?

_____Much less than the other ankle
_____Slightly less than the other ankle
_____Equal in amount to the other ankle
_____ Slightly more than the other ankle
_____ Much more than the other ankle

8. How would you describe your ankle's ability to "cut," or change directions, when running?

_____Much less than the other ankle
_____Slightly less than the other ankle
_____Equal in amount to the other ankle
_____ Slightly more than the other ankle
_____ Much more than the other ankle

9. How would you describe the overall activity level of your ankle?

_____Much less than the other ankle
_____Slightly less than the other ankle
_____Equal in amount to the other ankle
_____ Slightly more than the other ankle
_____ Much more than the other ankle

10. Which statement best describes your ability to sense your ankle beginning to "roll over"?

_____Much later than the other ankle
_____Slightly later than the other ankle
_____At the same time as the other ankle
_____ Slightly sooner than the other ankle
_____ Much sooner than the other ankle

11. Compared with the other ankle, which statement best describes your ability to respond to your ankle beginning to "roll over"?

_____Much later than the other ankle
_____Slightly later than the other ankle
_____At the same time as the other ankle
_____ Slightly sooner than the other ankle
_____ Much sooner than the other ankle

12. Following a typical incident of your ankle "rolling," which statement best describes the time required to return to activity?

_____ More than 2 days
_____ 1 to 2 days
_____ More than 1 hour and less than 1 day
_____ 15 minutes to 1 hour
_____ Almost immediately

Section 3: To be completed by physical therapist/provider

SCORE:_____ out of 48 possible points (higher better) **Initial** **2 weeks** **Discharge**

Number of treatment sessions:_____ **Gender:** Male Female

Diagnosis/ICD-9 Code:_____

[1] Adapted from: Rozzi SL, et al. Balance Training for Persons With Functionally Unstable Ankles. JOSPT 1999; 29 (8): 478-486 [Prepared July 1999]