Name:

Primary instrument:

Secondary instrument(s):

Please describe what has motivated you to seek care:

Are you experiencing issues with pain or movement dysfunction? Please describe if applicable.

What aggravates the issue?

What alleviates the issue?

Please describe your current weekly practice and ensemble schedule:

On average, how many hours per week do you spend playing your instrument in ensembles?

On average, how many hours per week do you spend playing your instrument outside ensembles? (individual practice, demonstration when teaching, etc.)

What percent of the time do you spend playing standing vs. sitting?

Have there been any recent changes to your playing schedule, equipment or repertoire?

Please describe your current weekly exercise and or movement practices as well as any recent changes in your exercise routine if applicable:

**Patient Specific Functional Scale:**

Identify three important activities that you are unable to do or are having difficulty with as a result of your problem and describe them below. Then rate your ability to perform the activity according to the following scale:

0 = Unable to perform activity

10 = Able to perform activity at the same level as before injury or problem

Activity 1:

Numeric rating:

Activity 2:

Numeric rating:

Activity 3:

Numeric rating:

*For example:*

 *Activity: Play longer than 20 minutes without neck pain.*

*Numeric rating: 0*

*Activity: Open a jar*

*Numeric rating: 4*

*Activity: Chew tough foods like bagels.*

*Numeric rating: 5*

Please describe any pertinent medical history (eg. injuries, surgeries, ongoing conditions)

What are your goals for physical therapy?

Is there any other information you would like me to know before our first meeting?