



RELIABLE PROSTHETICS AND ORTHOTICS

*New Bern Office P#: 252-638-8989/F#: 252-638-5989
Jacksonville Office P#: 910-353-9002/F#: 910-353-9003*

INTAKE QUESTIONNAIRE

1. Patient Name: _____

2. Current pain level: **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**

3. When did injury/symptom occur? _____

4. What activity caused your injury? _____

5. What are your symptoms? _____

6. What activities increase your pain level? _____

7. Have you had any surgical procedures pertaining to your visit today? If “yes”, please explain: _____

8. Any additional necessary info that pertains to your visit: _____
