Chronic Low Back Pain and Primary Health Care

LMT Patient Intake Form

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<th>Primary Complaint / Cause of Injury</th>
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<tr>
<th>Overall Medical History (Including Accidents, Injuries, and Surgeries)</th>
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<th>Previous Treatments and Results</th>
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Client ID: [ ] [ ] [ ] [ ]
Month: [ ] Day: [ ] Year: [ ]
Chronic Low Back Pain and Primary Health Care

Client ID

Month
Day
Year

Pain progression through the day:

Sleeping position/Disturbance:

Activities that increase pain:

Activities that decrease pain:

Check all current conditions that apply:

- Neck Pain
- Hip Pain
- Sciatica R or L
- Fibromyalgia
- Depression
- Headaches
- TMJ
- Chronic Pain
- Scoliosis
- Disk Problems
- Constipation/Bowel Problems
- Knee Pain
- Arthritis
- Allergies

Using the line below, mark how suitable a candidate for this type of massage is this patient?

Not at all suitable

Extremely Suitable

How much improvement do you expect this patient to experience in 10 weeks?

No Improvement

Complete Recovery
Chronic Low Back Pain and Primary Health Care

Provider Initials: ____________  Visit #: ________  Visit Length: □ 75 Minutes*
□ 60 Minutes*
□ 50 Minutes with self-care education*

Client ID ____________  Month ____________  Day ____________  Year ____________

Patient Update / New Concerns Since Previous Visit

*All visits must include at least 50 minutes of table-work.
Assessments Performed During This Visit:

Standing Postural Assessment (Mark [X] appropriate description for each sub-item below)

1. Feet Alignment
   a. Subject Left:  □ Parallel  □ Rotated Laterally  □ Rotated Medially
   b. Subject Right: □ Parallel  □ Rotated Laterally  □ Rotated Medially

2. Illiac Crest Alignment:  □ Subject Left High  □ Even  □ Subject Right High

3. Shoulder Alignment:  □ Subject Left High  □ Even  □ Subject Right High

Therapies Provided at this Visit (Mark [X] all that apply):

☐ Trigger Point Therapy (Including, but not limited to the following)
   - Glut Medius  - Glut Minimus  - Quadratus Lumborum  - Spinal Erectors
   - Psoas  - Piriformis  - Tensor Fascia Latae  - IT Band

☐ Active Isolated Stretching  OR  ☐ Stretching (Including, but not limited to the following)
   - Hamstrings  - Quadratus Lumborum  - Quadriceps
   - Psoas/Iliacus  - Gluteals  - Piriformis

☐ Myofascial Techniques (Including, but not limited to the following)
   - Skin Rolling  - Sacral Decompression  - Fascial Unwinding
   - Pin and Stretch  - Muscle Stripping  - Horizontal Erector Release
   - Horizontal Thoracolumbar Release  - Thoracic Diaphragm Release  - Pelvic Diaphragm Release

☐ Neuromuscular Techniques (Including, but not limited to the following)
   - Cross Fiber Friction  - Origin Insertion Technique  - PNF Technique

☐ CranioSacral Therapy (Including, but not limited to the following)
   - L5 S1 Decompression  - Dural Mobilization Sacral Traction
### Therapies Provided at this Visit (cont’d) (Mark [X] all that apply):

- [ ] Lymphatic Drainage
- [ ] Rocking and Jostling
- [ ] Deep Tissue Therapy
- [ ] Other: _____________________________________________

### Massage Positioning at any visits: Visits 6-10 only:

- [ ] Sidelying
- [ ] Supine
- [ ] Seated
- [ ] Prone w/pillow supporting low back

### Take Home Exercises (Mark [X] all that apply):

- [ ] Low Back Resting Position with breathing
- [ ] Piriformis Stretch
- [ ] Quadriceps Stretch
- [ ] Walking to help lower back
- [ ] Psoas Stretch
- [ ] Hamstring Stretch
- [ ] Trigger Point Ball
**Chronic Low Back Pain and Primary Health Care**

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<th>Client ID</th>
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**SOAP**

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Notes:

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Did treatment protocol keep you from doing anything today that you feel would have significantly improved the effectiveness of your treatment today? (eg., referrals to other providers, treatments disallowed by protocol)?

☐ Yes ☐ No

If yes, please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________