

NAME:
DOB:
DATE:

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INJURY LOG

Please list all past muscle or joint problems, even if they were not caused by an injury. Please list in chronological order. If you can't remember the date, list the year or your age at the time of injury.

(example)

DATE	2/6/2006				
COMPLAINT	RIGHT KNEE PAIN				
HOW INJURY OCCURRED/ WEATHER CONDITIONS/ TERRAIN	FELT A POP PLAYING SOCCER DURING A BICYCLE KICK				
LIMITATIONS	FEEL UNSTABLE WALKING, KNEE SWELLING				
DATE OF MEDICAL ATTENTION/ DIAGNOSIS	2/5/06 X-RAYS NEG; 2/12/06 MRI ACL TEAR				
TREATMENT/ REHAB	PHYSICAL THERAPY; 3/18/06 SURGERY				
DATE REHAB COMPLETED	11/1/06				