



## Function First Questionnaire

1. What are your symptoms?
2. Address each symptom individually:
3. On a scale of 1-10, with 10 being the worst, what is your pain level?
4. What activities or positions make the symptoms better or worse?
5. How long have you had these symptoms?



6. What prior treatments have you tried for these symptoms?
  
  
  
  
  
  
  
  
  
  
7. What were the results?
  
  
  
  
  
  
  
  
  
  
8. Has a physician diagnosed you with any specific conditions?
  
  
  
  
  
  
  
  
  
  
9. Are you taking any medications?
  
  
  
  
  
  
  
  
  
  
10. Do you have any existing medical conditions that we should know about (e.g.. heart conditions, high blood pressure, herniated discs)?
  
  
  
  
  
  
  
  
  
  
11. Do you have any physical limitations that would affect your exercise program (e.g. bone fusions, ligament sprains, etc.)?



## **Previous Exercise Routine**

**(for clients currently on an exercise routine)**

Perform your previous exercise routine on your video so we can re-evaluate your form

Do only 2-3 repetitions of each exercise, or hold for at least 5 seconds

Please be sure to follow these requirements carefully. If you have any questions, please call us at (619) 285-9218.