

Patient Name _____ Age _____ Today's Date ____/____/____

Reason for attending PT / Primary complaint _____

Date of injury or when problem began ____/____/____ Date of surgery, if applicable ____/____/____

What caused the problem to begin? Wear and Tear Car accident Work injury Sports Injury Unknown Other _____

Please list the goal(s) that you hope to achieve by attending physical therapy _____

Have you received any other treatment for this condition? If so, what type? _____

What tests have been done regarding your condition? X-ray MRI CAT scan EMG Bone scan Nerve Conduction What were the results? _____

Current Medication(s) _____

Check any other medical conditions you now have or have had in the past. (check all that apply)

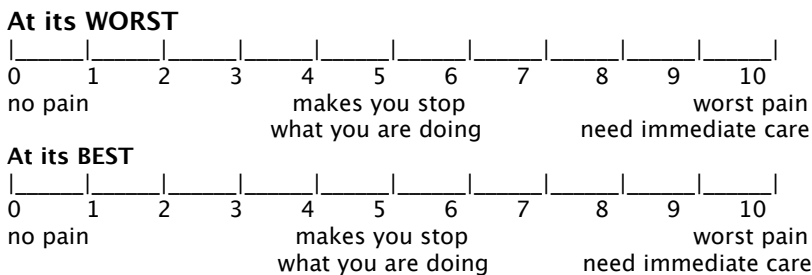
- Diabetes High Blood Pressure Heart Disease Cancer Heart Attack Other _____
- Kidney Disease Liver Disease Headaches Stroke Osteoporosis
- Seizures Nervous Disorders Depression Currently Pregnant Thyroid Disease
- Arthritis Anemia Dizziness/Fainting Fractures Hepatitis / HIV

Allergies (please list) _____

Recent surgeries or hospitalizations (please list) _____

Do you have a pacemaker or any metal implants YES NO if yes, describe _____

Pain Levels: place an X on the scales where your level of pain is



The pain is Constant Intermittent Your condition is Improving Not Changing Getting Worse

Patient Signature _____

Reviewed by PT _____

Place X marks where you feel your pain

