

...IN THE PAST 2 YEARS?

Were you previously under the care of another physical therapist? **YES** **NO**

If yes please list dates and diagnosis you were treated for:

Circle if applicable: **Hospital PT** **In-Home PT** **Outpatient PT**

Please list all current medications that you are taking (or you may bring a printout from pharmacy or physician):

Do you have any of the following health conditions? (Circle all that apply)

Diabetes *Cancer* *Seizures* *Stroke* *Epilepsy* *Heart Disease*

Allergies *Bypass Surgery* *Osteoporosis* *Osteopenia* *High Blood Pressure*

Do you have a pacemaker? **YES** **NO**

If Female, are you pregnant? **YES** **NO**

Please list all other diagnosis, conditions, and/or operations:

What is your current occupation? _____ Are you out of work due to injury? _____

Is this a work related injury? **YES** **NO** Is this a Motor Vehicle injury? **YES** **NO**

Describe your hobbies and activities on a daily basis?

Your goals for physical therapy are: (i.e. return to work, return to sport or hobby, etc.)

Name, address, and phone number of nearest relative not living with you:

In case of emergency contact: _____ Phone# _____

I hereby state the above answers are true. I consent willingly to physical therapy treatment. If patient is a minor, parent or guardian must sign.

Signature

Date