

Patient Medical Information

Name (Last, First):

Street Address:

Sex: Male Female

Are you: Right-handed Left-handed

Education:

Highest grade completed (circle one):

1 2 3 4 5 6 7 8 9 10 11 12

Some college/technical school

College graduate

Graduate school/advanced degree

Who referred you to physical therapy?

EMPLOYMENT/WORK (Job/School/Play)

Work full-time Work part-time

Homemaker Student

Retired Unemployed

Occupation: _____

GENERAL HEALTH STATUS

Please rate your health:

Excellent Good

Fair Poor

Are you using:

Cane Walker Wheelchair

Glasses, hearing aids

Other: _____

SOCIAL/HEALTH HABITS

Do you currently smoke?

Yes- # of pack per day: ____

No

Do you currently drink alcohol?

Yes- # of drinks on an average day ____

No

Do you exercise beyond normal daily activities and chores?

Yes, please describe: _____

No

MEDICAL/SURGICAL HISTORY

Please check if you have ever had:

Arthritis Multiple sclerosis

Broken bones Muscular Dystrophy

Osteoporosis Seizures/epilepsy

Blood disorders Allergies

Circulation/vascular problems

Developmental or growth problems

Heart problems Thyroid problems

High blood pressure Cancer

Lung problems Infectious disease (eg, TB, hepatitis)

Stroke/CVA Kidney problems

Diabetes/high blood sugar

Repeated infections Ulcers/stomach problems

Hypoglycemia/low blood sugar

Skin disease Depression

Head injury

Please check if within the past 12 months you have had any of the following symptoms.

Chest pain Heart palpitations

Loss of appetite Difficulty swallowing

Shortness of breath Bowel problems

Dizziness or blackouts Weight loss/gain

Coordination problems Urinary problems

Weakness in arms/legs Loss of balance

Headaches Difficulty walking

Hearing problems Pain at night

Joint pain or swelling

Have you ever had surgery? Yes No

If yes, please describe including dates

_____ mo/yr _____

_____ mo/yr _____

_____ mo/yr _____

CURRENT CONDITIONS/CHIEF COMPLAINTS

Reason for seeking physical therapy

When did the problem start

(date): _____

Have you had this problem before?

Yes No