

CURRENT

PHYSICAL THERAPY

PATIENT HISTORY

Describe briefly the history of your present (Accident, Injury, Illness, or Condition)

Onset Date _____

Please list any previous interventions that helped with the pain or condition you're in now.

- *Example: Physical Therapy, Chiropractic, acupuncture, injections ect.*

Have you fallen in the past year? () YES () NO If so, how many times? _____
If so, did you sustain an injury? () YES () NO Describe injury _____

List ALL medications you are currently taking _____

Do you have METAL anywhere in your body (other than teeth), such as pins/plates, pacemaker, stints, ect? () YES () NO

Please Describe _____

Please list any relevant surgeries or procedures you have had, if any.

Pain Scale: Least amount of pain in the last 24 hours ____/10
 Worst pain in the past 24 hours ____/10
 Current pain ____/10

0	1	2	3	4	5	6	7	8	9	10
No Pain		Low Pain			Moderate Pain			Intense Pain		Excruciating Pain

Check any if you have had:

- | | | |
|---|---|--|
| <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Orthopedist | <input type="checkbox"/> EMG/NCV |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Neurologist | <input type="checkbox"/> Emergency Room Care |
| <input type="checkbox"/> X-Ray | <input type="checkbox"/> MRI | <input type="checkbox"/> CT scan |

Check any that you have or had:

General/Constitutional

- Fatigue
- Recent Weight Change
- Night Sweats/ Fevers

Musculoskeletal

- Muscle pain/ cramps
- Stiffness
- Joint pain or swelling
- Osteoporosis

Cardiovascular

- High Blood Pressure
- Chest pain/ Angina
- Coronary heart disease
- Heart surgery/ pacemaker

Respiratory

- Shortness of Breath
- Excessive coughing/sputum
- Asthma
- Bronchitis
- Emphysema

Neurological

- Headaches
- Epilepsy / Seizures
- Numbness or Tingling
- Dizziness or Fainting
- Weakness
- CVA (Stroke) / TIA (Mini stroke)

Gastrointestinal/ Urinary

- Nausea/Vomiting
- Abdominal Pain
- Rectal bleeding
- Blood in urine
- Kidney Stones

Endocrine

- Excessive Thirst
- Thyroid disease
- Hormone problems
- diabetes

Hematological

- Bruise easily
- Slow to heal
- Enlarged glands
- Breast pain/discharge

Other

- Tuberculosis
- Menstrual changes
- Blood clot/Emboli
- Confusion/Memory loss
- Depression
- Cancer
- HIV/ AIDS

Patient Signature: _____

Date: _____