Altamont Physical Therapy

Patient Name: _____ Date: _____

What condition prompted you to come to physical therapy? _____

How has your condition limited your ability to function?_____
_____

MEDICAL HISTORY

(Please check all conditions that you have had or currently have and explain briefly below.)

□ *Aids/HIV*
□ *Allergies (seasonal)*
□ *Anemia*
□ *Arthritis*
□ *Asthma*
□ *Back/Neck Trouble*
□ *Bleeding Disorders*
□ *Cancer*
□ *Chest Pain*
□ *Diabetes*
□ *Emphysema*
□ *Fainting*
□ *Fractures*
□ *Heart Disease*
□ *Heart Attack*
□ *Heart Murmur*
□ *Hepatitis*
□ *High Blood Pressure*
□ *Jaundice*
□ *Joint Replacement*
□ *Liver Disease*
□ *Lyme Disease*
□ *Motor Vehicle Accident*
Date of Accident _____
□ *Neuromuscular Disorder*
□ *Pacemaker*
□ *Psychiatric Treatment*
□ *Seizures/Convulsions*
□ *Shortness of Breath*
□ *Stomach Ulcers*
□ *Stroke*
□ *Swelling of Hands/Feet*
□ *Thyroid Disease*
□ *Tuberculosis*

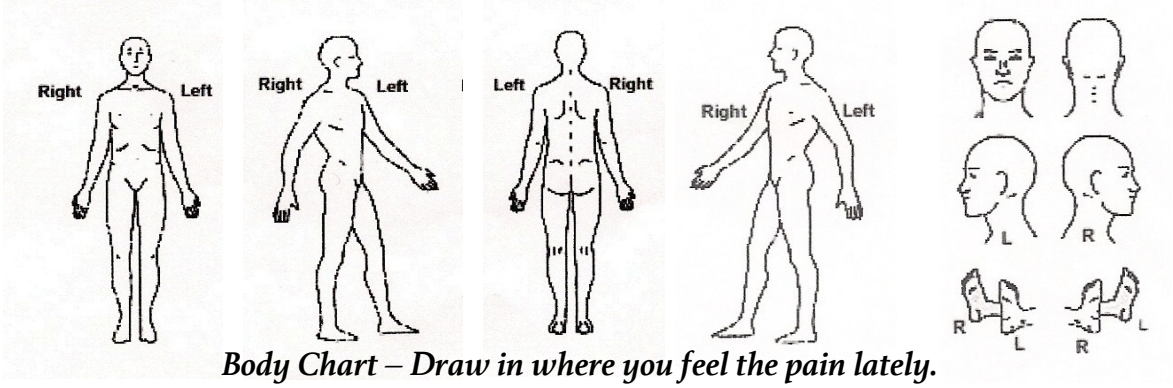
List any medications that you are currently taking: _____
_____
_____

Please indicate (by circling the appropriate numbers) your average & worst pain level last week.

1 2 3 4 5 6 7 8 9 10
No Pain *Worst Pain*

Is the pain you are experiencing (Please Circle) Constant Intermittent/Comes and Goes

Circle the word(s) that best describe the pain you are experiencing:
Sharp, Ache, Throbbing, Burn, dull, Numbness, Tingling or Other: _____



Body Chart – Draw in where you feel the pain lately.

_____ _____
(Patient Signature) *(Date)*