THE Physical Therapy CENTER

We Listen ■ We Care ■ We Get Results

PATIENT MEDICAL HISTORY

APPLICABLE FOR WORKMAN'S COMP OR AUTO CLAIMS

DATE OF INJURY _____/___/_____

LAST DATE WORKED DUE TO THIS INJURY _____/___/_____

IS AN ATTORNEY INVOLVED IN THIS CASE? YES NO

DATE RETURNED TO WORK AFTER THIS INJURY ___/___/___

BRIEF INJURY DESCRIPTION: _____

ON THE SCALE BELOW CIRCLE YOUR WORST PAIN LEVEL IN THE PAST COUPLE OF DAYS:

MILD DISTRESSING SEVERE

0 . . . 1. . . .2 . . . 3 . . . 4 . . .5. . . .6 . . . 7 . . . 8. . . .9 . . . 10

HAVE YOU HAD ANY OF THE FOLLOWING MEDICAL OR REHABILITATIVE SERVICES FOR THIS INJURY / EPISODE?

	YES	NO		YES	NO
NEUROLOGIST	___	___	PHYSICAL THERAPY	___	___
ORTHOPEDIST	___	___	EMERGENCY ROOM CARE	___	___
PODIATRIST	___	___	CT SCAN	___	___
GENERAL PRACTITIONER	___	___	MRI	___	___
CHIROPRACTOR	___	___	X-RAYS	___	___
MASSAGE THERAPY	___	___			

DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	YES	NO		YES	NO
SHORTNESS OF BREATH / CHEST PAIN	___	___	EMOTIONAL / PSYCHOLOGICAL PROBLEMS	___	___
CORONARY HEART DISEASE OR ANGINA	___	___	SEVERE OR FREQUENT HEADACHES	___	___
DO YOU HAVE A PACEMAKER?	___	___	NUMBNESS OR TINGLING	___	___
HIGH BLOOD PRESSURE	___	___	DIZZINESS OR FAINTING	___	___
HEART ATTACK OR SURGERY	___	___	ANY PINS OR METAL IMPLANTS	___	___
STROKE / TIA	___	___	JOINT REPLACEMENT THERAPY	___	___
CONGESTIVE HEART DISEASE	___	___	NECK INJURY / SURGERY	___	___
BLOOD CLOT / EMBOLI	___	___	SHOULDER INJURY / SURGERY	___	___
INFECTIOUS DISEASES	___	___	ELBOW INJURY / SURGERY	___	___
DIABETES	___	___	BACK INJURY / SURGERY	___	___
CANCER OR CHEMOTHERAPY / RADIATION	___	___	KNEE INJURY / SURGERY	___	___
ARTHRITIS	___	___	LEG / ANKLE / FOOT INJURY / SURGERY	___	___
GOUT	___	___	ARE YOU PREGNANT?	___	___
SLEEPING PROBLEMS / DIFFICULTIES	___	___	DO YOU USE TOBACCO?	___	___
ALLERGIES	___	___			

HAVE YOU HAD SURGERY FOR THIS INJURY? YES NO

NUMBER OF SURGERIES _____

TYPE OF SURGERY: _____

SURGERY DATE_____/___/_____

LIST CURRENT MEDICATIONS: _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? YES NO