PRECISION SPORTS PHYSICAL THERAPY

Patient Medical History

Name: _____ Date of Birth: _____ Height: _____ Weight: _____

Condition to Be Treated: _____ Date Condition Began: _____

How did the injury or problem occur? _____

Referring Physician: _____ Have you had surgery for this injury?: ☐ YES ☐ NO

Type of surgery: _____ Date of surgery: _____ Took place in: ☐ Hospital ☐ Surgery Center

Are you currently taking any prescription or non-prescription medications?: ☐ YES ☐ NO

List all medications: _____

Are you allergic to any medications or latex? ☐ NO ☐ YES, please list _____

Have you had any injections? ☐ NO ☐ YES, please list date & type _____

Is this condition related to an auto or work accident? ☐ NO ☐ YES

Have you had Physical Therapy for this condition?
☐ NO ☐ YES If yes, where/when? _____

Are you currently pregnant? ☐ NO ☐ YES

Do you use tobacco? ☐ NO ☐ YES, Frequency: _____

PLEASE RATE YOUR PAIN USING A 0-10 SCALE
(0=no pain, 10=worst pain that you can imagine):

Current Pain _____ At Worst _____ At Best _____

DIAGNOSTIC TESTS COMPLETED FOR YOUR CURRENT INJURY/PROBLEM?

	Date of Test
☐ X-Rays	_____
☐ EMG/NCV	_____
☐ MRI	_____
☐ Myelogram	_____
☐ CT Scan	_____

Please check all that apply:

- ☐ Asthma, Bronchitis or Emphysema
- ☐ Shortness of Breath/chest pain
- ☐ Heart Disease or angina
- ☐ Pacemaker
- ☐ High blood pressure
- ☐ Stroke/TIA
- ☐ Blood Clot/Emboli
- ☐ Epilepsy/Seizures
- ☐ Cancer
- ☐ Arthritis
- ☐ Fibromyalgia
- ☐ Osteoporosis/Osteopenia
- ☐ Visual Impairment
- ☐ Hearing Impairment
- ☐ Scoliosis
- ☐ Difficulty Sleeping
- ☐ Depression or Anxiety
- ☐ Frequent Headaches
- ☐ History of falls
- ☐ History of fractures
- ☐ Parkinson's Disease

Previous Surgeries? _____

Previous Injuries? _____

Are you aware of your diagnosis and prognosis as explained by your doctor? ☐ YES ☐ NO

What activities in your daily life, work duties, or recreation have been most affected by your condition? _____

_____

What are your rehabilitation expectations/goals while in this program? _____

_____

Patient/Guardian Signature: _____ **Date:** _____