PATIENT HISTORY

(Please Print and Complete All Sections)

Mountain Land PHYSICAL THERAPY & REHABILITATION

Patient Name: _____ **Age:** _____

Today's Date:____ /_____ /_____ **Last MD Visit:** _____/____/_____ **Next MD Visit:** _____ /_____/ _____

PAST MEDICAL HISTORY (Please mark if you have had any of the following)

____ High blood pressure	____ Cancer	____ Back injury
____ Diabetes	____ Heart problems	____ Neck injury
____ Osteoporosis	____ Lung problems	____ Other serious injury
____ Arthritis	____ Unexplained weight loss	____ Any other medical condition

Please explain those marked above: _____

_____

_____

Please list any medications you are currently taking: _____

_____

CURRENT CONDITION

Briefly describe your injury or symptoms (what happened, how long before seeing a doctor, changes in severity of symptoms, etc.):

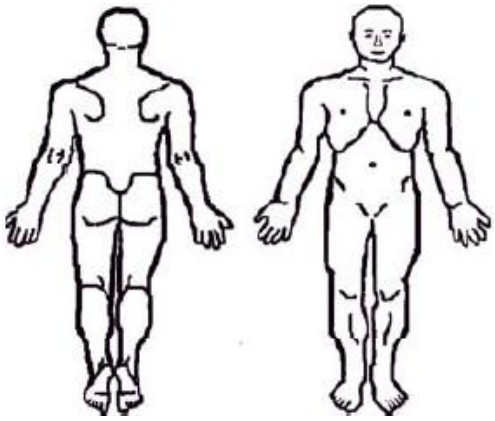
_____

_____

Please list any diagnostic tests and results (X-ray, MRI, etc.) _____

PAIN:

On the diagram, please mark areas of pain with an "X" and areas of numbness with an O":



Please rate the intensity of your pain (circle one): **At its lowest:** 0 1 2 3 4 5 6 7 8 9 10

At its highest: 0 1 2 3 4 5 6 7 8 9 10

Right now: 0 1 2 3 4 5 6 7 8 9 10

Describe your pain (Sharp, Dull, Achy, Constant, Changing, etc) _____

_____

What increases your pain? _____

_____

What relieves your pain? _____

_____

FUNCTION:

Are you working right now? Y N Please list your job requirements/expectations: _____

_____

What activities are you NOT able to do now? _____

What goals do you hope to achieve by coming to physical therapy? _____

Signature: _____ **Date:** _____

For Therapist use only: **Has the patient had PT in the last 12 months?** _____

Surgeon: _____ **Date of Surgery:** _____

ICD-9 code: _____ **Diagnosis:** _____ **Insurance:** _____