

Mobility Physical Therapy

19232 Seaclyff Drive
Edmonds, WA 98002-

Phone (425) 555-7890 Fax (425) 555-3454

PERSONAL MEDICAL HISTORY

Please complete the following information, sign, date, and return this form to the receptionist.

PATIENT INFORMATION

Last Name Roe First Name Jane Middle Initial _____
Date of Birth 12/15/56 Female Male

MEDICAL INFORMATION

Do you smoke? Yes No Do you use alcohol? Yes No
Do you participate in physical exercise? Yes No How often? 3x/week
Are you pregnant? Yes No Weeks _____
Have you had any injuries related to work? Yes No Date _____ Body area affected _____
Have you had any Automobile Accidents? Yes No Date Apr 2008 Body area affected neck

For the following conditions please check: Previously had Currently have

GENERAL

Recent weight change Pain Allergies Doxwood Loss of sleep
 Diabetes Disabilities _____ Cancer _____ Fatigue

SKIN

Skin problems _____ Bruise easily Itching

NEUROLOGICAL

Light headedness Fainting Disorientation Weakness
 Memory loss Concussion Loss of coordination Numbness
 Difficulty speaking Headaches Difficulty walking Tingling
 Difficulty Swallowing Multiple Sclerosis Migraines Stroke
 Tremors Parkinson's Disease Epilepsy / Seizures Dizziness

EYES AND EARS

Hearing loss Ear pain Ringing in ear Sinus problems
 Vision problems Glaucoma Blurred vision _____

RESPIRATORY

Throat irritation Pneumonia Shortness of breath Bronchitis
 Chest pain Emphysema Chronic cough Asthma
 Lung cancer _____

Print Name Jane Roe Date 8/16/07 Signature Jane Roe

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CARDIOVASCULAR

- Pressure over chest, Pain down left arm, Nausea, High blood pressure, Low blood pressure, Ankle swelling, Shortness of breath, Excessive sweating, Heart attack, Irregular heartbeat

MUSCULOSKELETAL

- Arthritis, Neck injury, Osteoporosis, Broken bones, Spondylolisthesis, Head injury, Muscle weakness, Scoliosis, Birth trauma, Muscle pain, Rheumatoid Arthritis, Bone spurs, Birth defect, Osteoarthritis, Back injury, Spinal trauma, Joint pain

SURGERIES

Date

Description

Aug. 1992 Right knee, meniscus

CURRENT MEDICATIONS (Include supplements)

Medication

Dosage

Frequency

Celebrex

100

Daily

Advair

prn

prn

Print Name Jane Roe

Date 8/16/09

Signature Jane Roe

HEALTHCARE PROVIDER NOTES: FOR OFFICIAL USE ONLY

Provider Name

Carmen Cook

Title

MSPT 8/16/09

Date

Provider Signature

C. Cook