

Health In Motion Physical Therapy, Inc.

3985 Valley Commons Drive Bozeman, MT 59718

NAME: _____

PRIMARY PHYSICIAN: _____

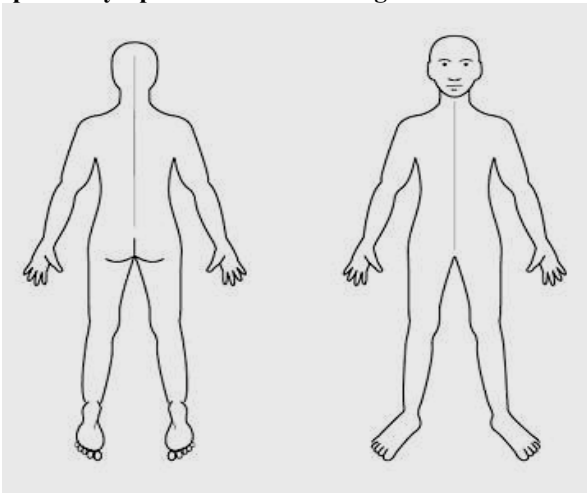
DATE: _____

NEXT PHYSICIAN'S APPT: _____

DOB: _____

PATIENT MEDICAL HISTORY

Describe symptoms and draw on chart where symptoms are located. Use the key on the left to mark specific symptoms on the drawing.



Pain = XXX and 0-10 Intensity
Numbness/tingling = \\\

Occupation and Recreational Activities

What are your goals for physical therapy?

Did your symptoms come on gradually or suddenly? How did you become injured?

How long have you had your symptoms?

NAME: _____ DATE: _____

What aggravates your symptoms? _____

What improves your symptoms?

Do you have any of the following? Circle symptoms:

Dizziness

Stiffness

Knees giving way

Twinges of pain

Pain with coughing/sneezing

Swelling

Numbness/Tingling

Loss of bowel/bladder control

Current Medications; _____

Do you have allergies to latex or beeswax?

Yes ___ No ___

Are you taking blood thinners?

Yes ___ No ___

Do you have an intrauterine device?

Yes ___ No ___

Are you pregnant?

Yes ___ No ___

Do you have a pacemaker?

Yes ___ No ___

Past Surgeries/Hospitalizations:

Present/Past Major Illnesses: (Arthritis, Heart Attack, Stroke, High Blood Pressure, etc.)

What other practitioners have you seen for this condition?

What were the results?

Patient Signature _____