MÕTUS PHYSICAL THERAPY

MEDICAL HISTORY PROFILE

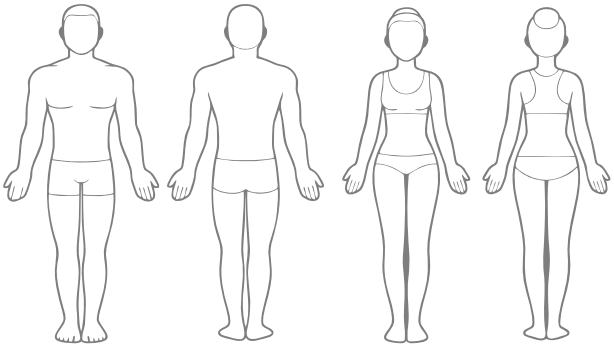
NAME_____TODAY'S DATE_____

NICKNAME_____DOB_____AGE_____DOMINANT HAND L/R

DATE OF INJURY_____DATE OF SURGERY_____

PLEASE GIVE A BRIEF HISTORY OF INJURY:

WHERE IS YOUR PAIN (PLEASE MARK ON THE BODY CHART BELOW)



DESCRIBE YOUR PAIN:

WHAT MAKES YOUR PAIN WORSE:

WHAT DECREASES YOUR SYMPTOMS:

MEDICAL HISTORY (PLEASE CIRCLE ALL THAT APPLY)

CANCER	OSTEOPOROSIS	SHORT OF BREATH	CORONARY ARTERY DISEASE
DIABETES	ARTHRITIS	DIZZINESS	SEVERE NIGHT PAIN
HEADACHES	ASTHMA	HEARING PROBLEMS	HIGH BLOOD PRESSURE
STROKE	FIBROMYALGIA	OSETEOARTHRITIS	TRAUMATIC BRAIN INJURY

OTHER (PLEASE LIST)_____

SURGICAL HISTORY:_____

MEDICATION LIST:_____

HAVE YOU BEEN PREVIOUSLY TREATED WITH PHYSICAL THERAPY FOR THIS CURRENT PROBLEM: Y/N_____
MM/DD/YY

HAVE YOU HAD ANY OTHER TREATMENT FOR YOUR CURRENT CONDITION WE WILL BE TREATING: Y/N

PLEASE LIST ANY OTHER TREATMENT YOU HAVE HAD:_____

PLEASE LIST YOUR GOAL FOR PHYSICAL THERAPY:_____

HAVE YOU HAD ANY RECENT IMAGING DONE:_____